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The Public Health Nurse

Volume XIX

August, 1927

Number 8

Public Health Nursing in Brazil

Hourly Nursing in Public Health Nursing Associations

By Louise M. Tattershall, Statistician N.O.P.H.N.

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The PUBLIC HEALTH NURSE

Official Organ of The National Organization for Public Health Nursing

Volume XIX

AUGUST, 1927.

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HER WELL PLANNED DAY

BY MARION H. ADDINGTON



An optimistic district nurse arose one summer day
And thanked her stars her work was planned so she could get away
From calls, and other pressing needs, to do a little work
Upon her office records, which she'd lately had to shirk.

She donned a span clean uniform, as crisp as waffles are,
No single hair was out of place her daintiness to mar.
She sauntered to the office—this she took her time about—
And sitting down before her desk, she took her records out.

When "Ting-ling-ling," the telephone a lively buzz began,
And she was told that Allie Boggs and an electric fan
Had had a bout, and Allie had come off much, much the worst,
And wouldn't nurse come quick, quick, QUICK, 'cause Allie's finger's burst.

To Allie's house the anxious nurse then hastened straightaway,
Calmed Allie and the family, and said she'd come next day.
But as she latched their white front gate, Em Newlen, prone to fits,
Must choose, of course, that minute, and another one commits.

Then Mrs. Gowan's baby dropped a flat-iron on its toe,
And little Jimmie Basset nicked his shin-bone with a hoe;
A scant half hour afterwards Jane Ellyson had twins,
Then later there were cooling baths to give to sick O'Flynn's.

Before her lunch was over, there came a hurry call;
The carpenter on Briggs'es house had fallen on his awl,
And when his wounds were duly patched, another message said
That Auntie Jennie Ketchum had been taken ill in bed.

Well, Auntie Jen was scarcely seen by the distracted nurse
Before the doctor stopped to say that Gran'ma Jenks was worse,
And after Grandma's aches and pains were soothed with practiced care
A breathless mother said her boy was thrown from Thompson's mare.

That young one *would* risk life an' limb, in spite of all she spoke
Please, wouldn't Nurse come see to him—his ribs were surely broke!
So Johnny's ribs Nurse duly felt, and sent him on to "Doc,"
While he, in turn, referred to her, Sam Stiles, who'd had a shock.

A thoughtful nurse that night, reflected on the day's events,
And to her tired self remarked, in smiling confidence,
I really don't see why it wouldn't work the other way—
When next I need do office work, I'll plan to call all day!"



A NEW GROWTH

Public Health Nursing in Brazil

Editor's Note: The following article was made up from talks delivered by Mrs. Parsons, from a report which she sent us, and subsequent interviews.

EVERY now and then standing on some peak in Darien we discern some new landmarks in the broad fields of our professional progress. The development of the very remarkable constructive work of the Shepard-Towner nurses, the unfolding of the programs of the various demonstrations, and the dramatic beginning of nurse-midwifery in the Kentucky mountains are some of these landmarks in recent years.

Outside our own country, however, but begun and fostered under American guidance, we now hear, for the first time since its unheralded beginning five years ago, of the remarkable development of a scheme of nurse education begun with the primary object of preparing public health nurses for recognized and demanded service. This word is from Brazil. Mrs. Ethel Parsons, Superintendent of the Nursing Service of the National Department of Health of that country, recently described to a large and enthusiastic audience the plan which in five brief years has resulted in the establishment of a training school for nurses with the best modern standards in a country where none theretofore existed, of a complete breakdown of ancient prejudices against nursing as a career for educated women, and of the preparation, also with undeviating standards, of a group of young public health nurses enthusiastically ready for a new career in their own country.

The steps, and they are of singular interest, taken to prepare the aforementioned group of nurses are as follows: In 1921 the doctors in the National Department of Health of Brazil first realized the impossibility of giving adequate follow-up care to patients under treatment in the government dispensaries in Rio de Janeiro without the aid of trained nurse assistants. The General Director of the De-

partment, Dr. Carlos Chagas, thereupon visited the United States and sought the help of the International Health Board of the Rockefeller Foundation. A study of the situation was made by a member of the staff of the International Health Board and as a first step a Service of Nursing was established in the National Department of Health with equal rank with the other bureaus of the Department, and supervision over the operation of all nursing activities. This event in itself is of great significance, as Brazil is the first country in which such a Bureau has been established in the *National Department of Health*.

Since no school of nursing then existed able to prepare public health nurses, one was immediately created as an annex to the Hospital Sao Francisco de Assis (later renamed Hospital Geral de Assistencia) which was then in process of construction.

With the coöperation of the International Health Board arrangements were then made for the employment of a staff of North American nurses, one to act as director and others as supervisors. A program for a course of two years and four months was outlined, with special provision for the training of public health nurses. (This has since been lengthened to two years and eight months.) Thirteen resident students were enrolled.

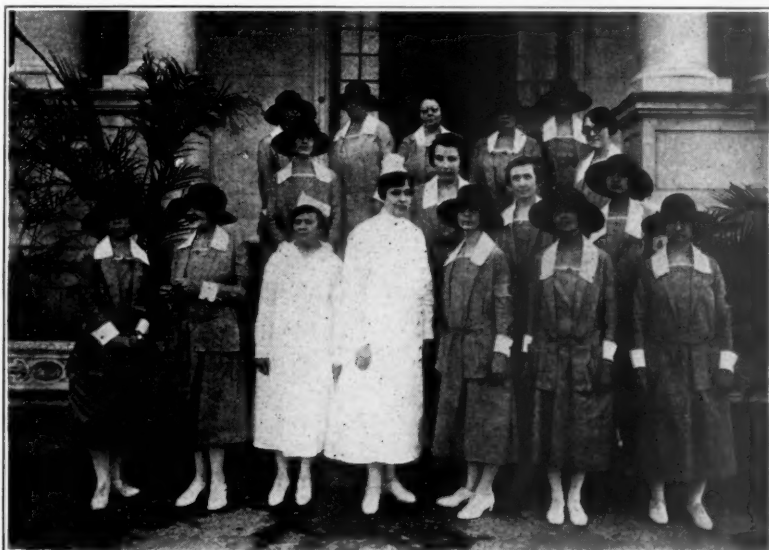
Temporary Measures

To meet the immediate and pressing demand for nurses in the public health field, however, it was decided as a *temporary measure* to give a six months' emergency course for Health Visitors to the untrained women who had been already employed by the Department for home visiting. With the coöperation of the International Health Board seven well trained American public health nurses were sent to Brazil to

undertake the instruction and supervision of these health visitors in their respective zones. In order to meet still further the immediate requirements of the very active dispensary service it was also decided to open a ten months' emergency course leading to a certificate of health visitor which would give to the student ten months of time credit in the school if, later, she should wish to enter it. This ten months' emergency course was twice repeated, with 60 students matriculated in the three terms.

students have graduated and 75 are now in training. The response of educated Brazilian women to the new career offered them has been amazing. The students have shown not only great zeal for their work as a patriotic and humanitarian service, but splendid energy in their practical work and admirable executive ability.

A new residence, named by presidential decree the "Escola de Enfermeiras D. Anna Nery," in memory of a Brazilian woman who nursed the sick and wounded in the military hos-



Graduates of the School now Engaged in Public Health Nursing in Rio de Janeiro with the American Supervisors. Note the Uniform.

It was laid down as a positive law that these health visitors could work only as assistants to graduate public health nurses and that as soon as Brazilian graduates were ready they would be substituted for the health visitors, who, in turn, if they met the requirements, would be given an opportunity to complete their training in the School of Nursing. On December 31, 1926, the last of these health visitors in Rio de Janeiro passed out of existence, replaced by graduates of the School of Nursing, trained in public health procedures.

Favor and Prestige

The School itself has steadily grown in favor and prestige. Thirty-five

pitals during the war with Paraguay, with a capacity for 90 students, now houses the students and staff. A budget of \$175,000 has been provided by the Brazilian government. The International Health Board contributed \$130,000 for its equipment.

The demand for graduates far exceeds the possibilities of supply, not only in Rio de Janeiro and the interior states of Brazil but from other South American countries. Paraguay and Venezuela have asked permission to send students to the school. Graduates who demonstrate exceptional qualities of leadership are being sent to the United States for post-graduate study on fellowships from the International Health Board and as they return

take the place of the American graduate nurses.

The Brazilian School is unique in America. It was definitely organized for the purpose of supplying an insistent demand for public health nurses. Furthermore, the Brazilian doctors and officials realized in the beginning that the value of nurses in a public health program is in direct proportion to their education and preparation. Nothing has been left undone to make this as adequate as possible.

"Rural Posts" exist in the National Department of Health, until a few months ago unsupplied with nurses. In one of these suburban districts with a population of 120,000 a building has now been equipped as headquarters for a model Health Center under the charge of Dr. J. P. Fontanelle who was awarded a Rockefeller fellowship and has spent some time in the United States studying health practices. This demonstration center opened on January 1, 1927, with a generalized pro-



Along the Neimeyer Road Outside of Rio

A National Service

In the organization of the field work under the National Department of Health the city of Rio de Janeiro has been divided into zones, each zone having a branch office with an American nurse in charge. At present in these zones until a generalized nursing service can be realized, the nurses are occupied with child hygiene, tuberculosis and communicable disease nursing. In the Bureau of Venereal Diseases the clinic and follow-up work is carried on by a special staff of public health nurses.

The beginning of a generalized nursing service has now been made. Five

gram and with a staff of 4 Brazilian nurses (since increased to 10) with an American supervisor.

The nurses will work both in the clinics and in the homes. Students in the School of Nursing will be given two months experience under an admirable scheme of supervision in this demonstration. For lack of a sufficiently large staff of nurses the maternity care at present will be confined to prenatal care and follow-up work with mothers and babies in the clinics. Arrangements have already been made to check up the midwife service in this district. Notification of all cases will be insisted upon and midwife classes

are being given—very essential when one of the midwives was discovered to be the wife of a leper, a patient at the clinic for lepers at the center.

It is interesting to note that there are already 40 lepers on the list of patients visited by the nurses of this center. Of these about 25 per cent are given weekly injections of chalmogra oil in their homes by the nurses. All contacts are examined at the clinics and visited frequently to detect any early symptoms of the disease.

The new center was recently visited by the President of Brazil, a symbol of the general and deep interest of not only the doctors but the public officials of Brazil in the developing health work of the country.

(We hear from Mrs. Parsons by the way that the public health nurses wear one of the best looking uniforms she has seen, of cool gray gingham.)

From a report prepared by Mrs. Parsons we quote the following:

From the experience of the past five years in a field conspicuously new, certain significant conclusions can be drawn that should be of value not only to Brazil but to all Latin America. In the public health nursing field these are:

That a service of nursing in a government department of health should be an independent bureau of equal rank with other bureaus, giving nursing service to each division of the department according to particular needs of each.

That the organization of a general service of public health nursing in which a

section of the city is served by one nurse who sees the health and social problems of the families under her care, as a whole, is more economical and efficient than a specialized service.

That to guarantee the best possible service public health nurses should be women of the highest type with good social and educational background. Subsequent to completing their hospital training they should have a special course of at least four months, and preferably eight, in public health nursing.

That the salaries of these nurses should be as high as those of women in the other higher professions of the country.

To each step necessary for the realization of this remarkable achievement, Dr. Carlos Chagas who inaugurated the service and Dr. Clementine Fraga, now Director of the National Department of Health, have given not only unfailing support but the most intelligent and sympathetic understanding.

As is generally known, the program of the Rockefeller Foundation is a disappearing one. The time is not far distant when Mrs. Parsons and her staff of nurses from North America who since 1922 have fostered with such devotion and intelligence the growth of the school and supervised the preparation of the young public health nurses will entirely withdraw, leaving in Brazil vigorous successors hampered by no outworn traditions, with the true spirit of pioneers and equipped with the most finely forged tools of their new profession.

AN INDEX TO PERIODICAL NURSING LITERATURE

A committee of the National League of Nursing Education has been considering for the past year an index to current periodical nursing literature. It has now worked out a plan in cooperation with the National Health Library for the listing not only of nursing literature but of that of other public health fields as well. Briefly it is as follows:

The National Health Library, 370 Seventh Avenue, New York City, issues a Weekly Index of Public Health literature, circulates it to members of the National Health Council, and sends it on a subscription basis to many workers in the field of public health here and abroad. It is classified by subjects and lists all the important articles on public health current with each issue, giving a brief descriptive paragraph with each one.

Owing to the interest shown by members of the nursing profession in this project an effort is to be made to enlarge the nursing sections to include all the articles on the subject appearing in a selected list of nursing, medical and health journals. It will include articles on public health, institutional, private duty and other phases as well.

The price of the Library Index is \$2.50 a year. For subscription blanks write to the National Health Library, 370 Seventh Avenue, New York City.

A NUTRITION PROGRAM IN A RURAL PUBLIC HEALTH NURSING SERVICE

BY LAURA A. GAMBLE, R.N.

Director of Nursing, Cattaraugus County Board of Health, Olean, New York

Fifth in the series on *Reports on Nutrition Programs in Connection with Public Health Nursing Services*. East Harlem Nursing and Health Demonstration, New York, April, 1926; Boston Community Health Association, November, 1926; Child Health Society, Philadelphia, February, 1927; New York Association for Improving the Condition of the Poor, May, 1927.

IN view of the importance of nutrition in a general health program, provision was made in the organization of the Cattaraugus County Health Demonstration to include nutrition to be carried conjointly with the other health activities. It was not intended that it be developed as a specialty, but that it would permeate all the health teaching in each of the different bureaus of the organization.

Nutrition work began during the summer of 1924. A study of the food habits of the selected group of families living in various parts of the county was started under the supervisory direction of the Department of Home Economics, Cornell University, in coöperation with the Cattaraugus Home Bureau. A nutrition worker was appointed who, in addition to carrying out the details of the study, devoted part of her time to an educational program directed toward the improvement of the dietary standards of the people of the county, emphasizing the necessity for adequate and suitable diet for undernourished school children.

The preliminary study of food habits indicated that a large proportion of the families living in the rural areas of the county had dietary defects as shown by the lack of vegetables and fruits, chiefly during the winter months, and in consumption of excessive amounts of protein, starch and sugar during the entire year.

The work was continued during 1925 as part of the regular activities of the Demonstration and the nutrition worker was retained as a member of

the staff of the County Department of Health, being assigned to the Bureau of Public Health Nursing as a special supervisor. As advisor and consultant in problems of nutrition, she was called into every type of service carried by the nurses in their generalized nursing.

To make the generalized nursing service an effective means for nutritional instruction, the nutritionist worked very closely with the nurses in each of the districts both as a consultant upon cases which presented particular nutritional problems and by helping with the health teaching to local groups and in the schools.

Because of the limitation of time and of the comparatively few people reached in this way, there was some difference of opinion as to the importance of intensive case work. This was found, however, to be an extremely practical and valuable means of stimulating and educating the nurses in the fundamentals of nutrition.

To facilitate the distribution of the time of the one nutrition worker divided between the nurses, the school medical service and the Home Bureau, the following monthly allotment of time was agreed upon:

Ten days for school work.

Eight days for assistance to the nurses.

Four days for teaching in the Home Bureau.

The eight days scheduled for the nurses are spent with them in their districts. The nurses there plan the program for the day. Sometimes there is school work with an occasional case, sometimes a nursing committee or

some other local group wants a talk on nutrition and sometimes the whole day is spent in case work. All these occasions and each case are utilized as opportunities for training the nurses.

The service to individuals having nutritional problems is always given with the cooperation of the attending physicians. Approximately thirty cases are visited each month by the nutrition worker with various members of the nursing staff.

Group teaching was initiated for classes of underweight children; mothers of underweight children and other interested groups. The teaching is given by the nurses with the help of the nutritionist and every effort is made to make it simple, scientific and sound.

School Lunches

In the schools, the nutritionist works with the nurses to help the teachers with their health teaching as it applies to the relation of food to health and good health habits. They have assisted in organizing hot school lunches. In our rural schools, the hot school lunch has proved an important factor in the nutrition of the school child and is an excellent means of training both teachers and pupils in the proper selection and preparation of food. In many of the districts, because of the distances which the children have to go to school, a large percentage of them are obliged to take their lunches and it was found to be common practice for many of these children to bring a lunch of meat sandwiches, pie, cakes, coffee, etc. The nutritionist, nurses and teachers have all cooperated in providing ways and means of improving the school lunches. The children have been encouraged to tional food. In the schools where hot bring milk and fruit and other nutritional lunches have been organized, several methods are used to provide a nourishing hot dish to supplement the food brought in the lunch boxes instead of duplicating it. The most approved method is to have the children bring milk and vegetables and to prepare the lunch themselves under the supervision of the teacher.

The schools are visited regularly by the nurses and nutritionist; talks are given on the food values of milk, vegetables, fruits, etc.; illustrative material is used to make the talks attractive; games and poster contests are planned by the children and the posters are exhibited every year at the county fair.

Education

Each year there are about seventy-five young men and women enrolled in the four training school classes in the county. Many of these students return to teach in their own home district or an adjoining one. The classes present an excellent opportunity of enlisting their interest and cooperation in nutrition and general health teaching for the school children. A series of lessons has been given each year with demonstrations of the practical side of teaching nutrition and, to round out the series, the nurses give lessons on first aid, care of the teeth, sleep and rest and the prevention of disease, and each student is given an opportunity to observe or do health teaching in the grades of their respective schools.

The plan of having the nutritionist present at clinics and child health conferences was tried and was not wholly successful, largely because of the difference of opinion among the medical profession in the county as to the extent and type of dietary instruction which should be given at these conferences. We plan, however, to have the nutritionist present at some of the child health conferences to demonstrate the preparation of foods, principally those suitable for the feeding of children.

The Home Bureau has proved a most effective channel for training the mothers of the county in the proper selection and preparation of foods. Through the nutrition worker the mothers are trained in the use of the "score cards" by which the families may check-up on their own diets.

Distribution

It has been clearly demonstrated the most effective work is done when the nutritionist and nurses join forces in

full coöperation. It is desirable to have at least one nutritionist on the staff of public health organizations to ensure the constant training of the staff in the newer phases of nutrition. The nurses who work with or under the supervision of a trained nutrition supervisor can very well teach their communities the importance of nutrition and the simple outstanding facts about food and diets for the various age groups.

Measuring the results of nutrition work is an unsatisfactory process. Good nutrition does not always bring results in a week, or a month or a year.

The nurses are, however, seeing many instances of better health from better living habits and there is a better understanding and attitude among the people of the county towards the importance of their nutrition and the part it plays in maintaining their vitality and resistance to infection.

If a visit to the county ten or twenty years in the future should show a higher standard of health for babies, children and adults, the nutrition teaching being done will have made an invaluable contribution to the health service of the county.



THE TIME DRAWS TO A CLOSE

There are only six more weeks in which to enter your contribution. On September 15th the PUBLIC HEALTH NURSE's contest for stories on public health nursing closes.

Are you a board member? A nurse-supervisor? A field nurse? If you are connected with a public health organization in any way you are eligible. Surely you know of happenings which contain the full spirit of public health nursing service—happenings which are simple but which interpret the nurse's work and the spirit which animates her.

Write these experiences up. Send them to **The Contest Editor, Public Health Nurse, National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.** Help to bring an understanding of your work to others who are devoting their efforts toward the same ends.

THREE PRIZES ARE OFFERED

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READ THE RULES AND WRITE

RULES

The incident or basis of the story must be authentic.

All stories must be original with the sender and not previously published.

Stories may not be over 2,500 words long.

Stories must be submitted by September 15th, 1927.

Manuscripts should be typed on one side of the paper only, with double-space typing.

Manuscripts should be mailed flat, not rolled.

Manuscripts should be signed with a *pen-name only*, but accompanied by a plain, sealed envelope having on the outside the pen-name and on the inside both the pen-name and the actual name and address of the author.

Manuscripts should be sent to: Prize Story Contest, THE PUBLIC HEALTH NURSE, 370 Seventh Avenue, New York City.

Articles not winning prizes will be returned to their owners, *only if accompanied by a stamped, self-addressed envelope.*

Judges will be Dr. Haven Emerson, Miss Edna Foley, Miss Julia Lathrop, Miss Florence Patterson, Mr. James Rorty and Miss Elizabeth Fox, *ex-officio*.

HOW THE STUDENT NURSE GETS THE PUBLIC HEALTH POINT OF VIEW

As Planned in Minnesota

BY EULA B. BUTZERIN

Chairman, Education Committee, State Organization Public Health Nursing, Minnesota

WHEN the State Organization of Public Health Nursing was organized in Minnesota in 1923, an Educational Committee was appointed as a regular standing committee. One of its main objectives was to make available to schools of nursing a series of lectures on the problems of public health open only to senior students at first but after the experience of the first year, all juniors were invited to attend.

Purpose of the Lectures

The purpose of the lectures was:

To give the student a broader vision of the community health problem.

To help her see her relation to this problem and to accept her personal responsibility as a graduate nurse for the promotion of health and the prevention of disease in homes, and in the community.

To increase her efficiency through a wider understanding of the problems of her individual patients as human beings.

To present the field of public health nursing as a special phase of the nursing profession so that students might more intelligently select their desired field.

It is evident that with ten or twelve lectures it is possible to do no more than give a bird's-eye view of the problem. The lectures were therefore general in nature.

Hospitals Coöperating

The Educational Committee of the State Organization for Public Health Nursing coöperating with the Educational Committee of the State League of Nursing Education sent letters to all of the directors of the accredited schools of St. Paul and Minneapolis announcing these lectures and inviting each to send their students. Since the first year was an experiment, arrangements were made for only one series

which was given on the University Campus in Minneapolis. The response from the schools was splendid and twelve hospitals sent students to the first series. Upon the request of the school of nursing, two additional lectures, "The History of Visiting Nursing" and "The Red Cross and Federal Nursing Services," were later included, making a total of twelve lectures in each series. The second year a series was given in St. Paul as well as in Minneapolis, and most of the lecturers gave the same lecture in the two series. At the close of the series, representatives from the various co-operating hospitals met with the Educational Committee to evaluate the work and to make plans for the following year.

Attendance

The approximate yearly attendance is shown in the following schedule.

	1924	1925	1926
Total number of schools..	12	17	19
Total number of lectures..	10	24*	24*
Approximate weekly attendance.	182	325	355

The Lectures

The Committee met with splendid response in the search for lecturers. A large number of the lecturers were members of the State Department of Health or were members of the faculty of the University of Minnesota—each an expert in the particular topics. Several had previously been called upon by individual hospitals to give a single lecture at different times to small groups and were more than pleased to meet with so large a group, thus avoiding duplication, even though it meant giving the

* Includes twelve in St. Paul and twelve in Minneapolis.

same lecture twice in a week. Miss Mary Gladwin, Director of Nursing Education in Minnesota, the local directors of community health organizations, and the school nursing services also contributed very largely in the undertaking. There was no fee paid for this service.

Examination

Upon the completion of each series of lectures, three general questions were given to the students. A month was allowed for answering these questions in the hope that discussion, both within the class room and among the student groups, might be stimulated, and that a wider use of the suggested references might result.* The purpose of the examination was to gain an idea of the student's attitude and point of view rather than to check up on any detailed information the lectures may have given. An analysis of these papers has been very interesting. Many papers indicated enlarged use of reference readings and class discussions. A distinctly new note was emphasized this year in the general evidence of an awakened consciousness of personal responsibility for the maintenance and promotion of both individual and community health. It is perhaps unnecessary to state that the papers often gave evidence of vague

ideas and misunderstandings, but adequate follow-up class room discussion throughout the year should tend to clear up this situation.

The subjects of greatest interest were the Problem of Tuberculosis, Maternal and Child Welfare, Red Cross Nursing Service, Rural Nursing and School Nursing. The following selected answers indicate, in part, the student's point of view concerning the lectures:

It has helped me materially in enjoying the various magazines and books on public health.

The purpose of this series of lectures is to give the student nurses of Minneapolis a broader idea of the public health field. Before, my conception of the public health work was very narrow. Now, I have a better understanding as to the difficulties as well as the progress in regard to public health here and elsewhere.

The fact that all nurses—not only public health nurses—are teachers, impressed me quite strongly.

Summary

The lectures are now considered as a permanent plan in the yearly schedule for the educational work of the schools of nursing. The members of the Educational Committee, together with the directors of the schools of nursing, feel convinced that the plan is entirely worth while.

* References suggested for the library in the schools of nursing are: Mary S. Gardner, *Public Health Nursing*; Harry Moore, *Public Health in the U. S.*; Report of the Rockefeller Committee, *Nursing and Nursing Education in the U. S.*; *The National Health Series*; *THE PUBLIC HEALTH NURSE* magazine.

The *English Daily Mirror* devotes some paragraphs and an illustration to a new departure for English nurses—the wearing of trousers in the operating room—"the value of which is that they do not flap about and impede the wearers when they are at work." Very sensible we say.

What with bobbed hair and smocks and riding kit and automobile accessories women in the nursing world are keeping the pace with their sporting sisters. Horses, mules, Fords and motorcycles have no respect for mere skirts. Over our desk we have a picture of a nurse occupying what is called a "responsible position" in one of the western states. Bobbed hair, a cowboy hat, chaps, leather belt, comfortable coat and sweater and a serviceable looking revolver make up *her* working outfit. All this combined with an air of youthful competence. Is this for swank? It is not. The Ozarks, the Kentucky mountains, the desert country, the islands off the stern coast of Maine, the remote places of the South—the public health nurse about her daily work needs workman-like garb and wisely adopts it.

TWO STUDIES OF THE CHRONIC SICK

The following interesting news is sent us by Miss Marguerite Wales, Director, Visiting Nurse Service, Henry Street Settlement, New York City.

During the past year there has been organized in connection with the Welfare Council of New York City, a Public Health Nursing Section. The Welfare Council, through its Research Bureau, is ready to assist in such studies recommended by the various sections as seem to them of general importance.

Since the care of the chronic patient is a problem which is closely related to a number of public health nursing organizations, the Public Health Nursing Section recommended to the Council that a plan be worked out to determine the nature and extent of this problem.

It is hoped that policies may be decided upon, and facilities provided which will more adequately meet the needs in this field. The general committee on the Care of the Chronic Sick which is now guiding the study to be made in the fall, consists of representatives from the following sections of the Welfare Council:

Hospitals.
The Care of the Aged.
Convalescent Care.

Medical Social Service.
Family Welfare.
Public Health Nursing Section.

A one-day census of all agencies who have any contact with people with chronic illnesses will be made; these patients will be followed during a period of six months to determine just what disposition is made and at the end of six months a second one-day census will be taken.

A somewhat similar project, a study of hospital and home care of the chronic sick, has just been started in Boston, financed by the Permanent Charity Fund, aided by other interested associations. A sum of \$2,000 has been granted to a special committee appointed by the Council for this purpose. Dr. Haven Emerson is acting in an advisory capacity with Miss Amy Hamburger conducting the study. A small committee consisting of Mr. Robert Kelso, Miss Ida Cannon and Miss Florence Patterson have undertaken the responsibility for the plan of the study. The object is to show "by a sampling study the nature of the need which these helpless folk present and something of its extent."



25 Years Ago

The annual open meeting of the Visiting Nurse Association of Minneapolis was held May 19. The fact that it was the twenty-fifth anniversary of the founding of the organization added greatly to its interest. Owing to the illness of the President, Mrs. W. H. Lee, the Vice-President, Mrs. D. P. Jones, presided. Mrs. W. A. Jones, first president, gave a brief talk on the early days of visiting nursing. She was followed by Mrs. F. A. Chamberlain, the second president, who told of the growth and development of the organization from one nurse in 1902 to 38 in 1927; from 147 patients in 1902 to 8,846 in 1926. A brief report of the work of 1926 was given by the Director, Miss Ruth Houlton. A series of *tableaux vivants* was presented by members of the Visiting Nurse Staff and of the Junior Board to show the history of visiting nursing from 60 A.D. to the present day.

The speaker of the occasion was Dr. Frankwood E. Williams of New York City, Medical Director of the National Committee for Mental Hygiene. Dr. Williams spoke of the place of the public health nurse in the field of mental hygiene.

THE NURSE IN THE RED CROSS MUSEUM

BY IRENE M. GIVENWILSON KILNER, Curator

Earlier illustrated articles on the development of the Museum appeared in the July numbers, 1923, 1924, 1925.

Since we received the article below we have had word of Miss Givenwilson's resignation from the position of curator of the National Red Cross Museum, in the development of which she has been an influence of importance. For the past eight years she has been curator and the Museum Committee, in accepting her resignation, states that "under her direction the Museum has grown from a name to an impressive and inspiring exhibit of the history and activities of the Red Cross."

To those who have recently visited the Red Cross Museum at the Washington Headquarters there will be an agreeable surprise, for now they will find the nurse featured in many group models illustrating her services in war, in peace and in times of disaster. Her services in war have been

ing hands, extricating and attending a man injured and pinned down by fallen beams. On the right two stretcher bearers are hurrying forward to carry injured persons to an ambulance in waiting to convey them to the hospital. In the center is the local Director of Disaster Relief, rapidly making notes



Active Relief Work in Tornado Area Illustrated by New Model in Red Cross Museum

visualized to the public for some years in a splendid series of scenes by the well known artist of group models, Mr. Dwight Franklin of New York, and these have been described in a former issue. Her services in time of disaster have recently been depicted by Mr. Richard Recchia of Boston, who has graphically shown the devastating effect of a tornado sweeping over the country-side and the immediate mobilization of the Red Cross and its agents for the relief of the sufferers.

In the background of the model is to be seen the turbulent funnel of the receding tornado, while in the immediate foreground are the Red Cross forces prepared for immediate service. On the left is seen a nurse, assisted by will-

ing hands, extricating and attending a man injured and pinned down by fallen beams. On the right two stretcher bearers are hurrying forward to carry injured persons to an ambulance in waiting to convey them to the hospital. In the center is the local Director of Disaster Relief, rapidly making notes

Rural School and Pioneer Work

In a second little series of models, by Mr. Vernon S. Snow of Washington, are depicted three incidents in the daily life of the public health nurse. In the scene in the center the Red Cross nurse, driving home in the glow of the setting sun, is intercepted by a farmer

who has ridden far to get her advice for his sick family. She stands deep in thought as she listens to his problems. In his attitude is anxiety, in hers a gentle determination to give aid and comfort. On the left is a scene in a rural school. The class has been dismissed and a conference is taking place between nurse, teacher and mother about the health of a little girl, whose brother is seen recording his weight on the scales. On the right the nurse is visiting a little patient in his home and instructing his mother in how to make him comfortable.

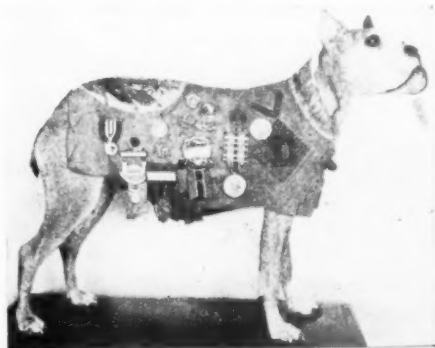
Another model of great interest, because of its local coloring, is one by a Philippine artist, of a little village of nipa houses on the banks of a stream. In the background is the native school. The public health nurse stands on the steps repeating her last injunctions to children and parents as they turn to go home. Under the trees in the open air the dentist is examining the teeth of one of the children while interested women look on with anxious curiosity.

War

Through the courtesy of Mr. Dwight Franklin a series of four other striking models have been loaned to the Red Cross Museum. Three of them lead up and are introductory to the already famous series of hospital scenes in a mobile surgical unit at the front. The first depicts the trenches with the men awaiting the zero hour. The second shows the attack upon the enemy, and in the third is seen the First Aid Corps attending the wounded and taking them to the ambulances. The fourth model is simply entitled "Home." In the midst of a devastated village, with the crumbling ruins around him, stands the solitary figure of a poilu with head bowed in brooding silence. It must be seen for the genius of its creator to be realized.

Many nurses who served overseas will have heard of, and many must have seen, "Stubby," the famous mascot of the 26th (Yankee) Division. "Stubby" was a life member of the American Red Cross, and at the front, on leave, or wherever he happened to

be, he carried out the ideals of cheerful, willing service as nobly as any of his human fellow members. He saw 19 months' service overseas and went through the offensives of the Champagne-Marne, Aisne-Marne, St. Mihiel and Meuse Argonne. He wears one wound stripe and three service stripes. His chamois coat was made and embroidered with the flags of the Allies by the women of Chateau-Thierry.



Stubby on Guard in the Museum

President Wilson shook hands with him on Christmas Day, 1918, and he was officially received at the White House by President Harding in 1921 and by President Coolidge in 1924. When "Stubby" died a plaster cast was made of his body, within which the ashes of his cremated remains were encased in an airtight metal container. And so this figure, now in the Museum, truly represents "Stubby" himself as he appeared in life.

A Raison d'Etre

Two hand-painted panels which feature the nurse have also recently been designed and executed by the Museum. One illustrates her ready help in time of disaster, the caption on the other explains the *raison d'etre* of the public health nurse—"All the year round the nurse helps in the health problems of the community." On the background of a month in the calendar are superimposed five scenes of her daily round of duties. These and similar panels can be obtained on loan, free of charge, for period of thirty days, when needed for exhibit purposes.

RACE PROGRESS AND HEALTH PROGRESS

The genes must continually change their combinations, now producing a superior individual, now a commonplace one, now an inferior one:

*"Only while turns this wheel invisible
No pause, no peace, no stopping place can be;
Who mounts will fall, who falls may mount—the spokes
Go round unceasingly."*

Prometheus by H. S. Jennings

Editor's Note: Does welfare work preserve the unfit? This question which is raised to challenge the health worker with increasing frequency is now being answered by scientific demonstrations. Dr. I. S. Falk, of the Department of Health of Chicago, in the February *American Journal of Public Health* (abstracted in the February PUBLIC HEALTH NURSE) published a convincing account of a statistical study which was made to cover the possible ill effects of infant welfare work on the succeeding generations, but which showed, however, that not only could such life-preservation as comes about from the practice of infant hygiene not be construed as including and propagating individuals congenitally unfit but that contrariwise "reductions in infant mortality have operated to increase the natural hygienic resources of infancy and childhood." We add to the account of Dr. Falk's study the abstract of another paper on the subject, from the pen of a distinguished and authoritative writer.

Does the campaign for the prevention of such diseases as tuberculosis permit the unfit to survive and result in the breeding of an inferior race? This question was answered in the negative by Dr. H. S. Jennings, director of the Zoölogical Laboratory of Johns Hopkins University, and an authority on matters dealing with heredity and eugenics, in addressing one of the general meetings of the National Tuberculosis Association at its recent convention. Dr. Jennings challenged as ineffectual the claim that propagation of unfit individuals could be stopped by limiting public health work, and by permitting preventable diseases to continue unchecked in order to eliminate defectives through a process of survival of the fittest.

Dr. Jennings described how substances existing in the parents before the birth of a child, called "genes," by their action and interaction are responsible for the physical and mental characteristics of the offspring. These may often remain in abeyance in one generation and reappear in another.

"The method of allowing the individual's own defects to destroy him," said Dr. Jennings, "is ineffectual; it does not get rid of the defective genes. Most gene defects are recessive; they are, therefore, carried by ten times as

many healthy individuals, not showing the defects, as by individuals in which the defects are manifest. The children of such healthy individuals receive defective genes, as do the children of defective individuals. Merely to cut out the defective individuals themselves; particularly to do that only weakly, haltingly, ineffectually (allowing them time perhaps to propagate before death overtakes them)—as would result from withdrawal of public health measures—that will not touch the root of the trouble.

"But how far is there reason to hold that public health work is indeed preserving individuals with defective genes? There can be little doubt that, other things being equal, some genetic constitutions are more readily attacked by plague, by smallpox, by typhoid, by pneumonia, by tuberculosis, than are others. Certain constitutions yield more readily to extremes of temperature, to exposure to the elements, to unfit food. Certain combinations of genes are more likely to come off victorious in a struggle with a wildcat; or to survive a bite from a rattlesnake. Under such emergencies, those genetic combinations which survive are more desirable. And removing any of these sources of danger does permit combinations of genes to survive and

propagate that otherwise could not do so.

"But for all such cases the essential question is this: If the environmental agent—whether disease, weather or wild beast—can be controlled, are the individuals thereby saved undesirable citizens of the world? The victims of smallpox, yellow fever, hook-worm, malaria, or sunstroke, frostbite, lions—are they individuals with such serious genetic defects as will make them or their descendants obnoxious even when those plagues have been banished by hygiene and invention?"

"For most of the matters with which the public health worker deals there appears to be no indication whatever that the individuals preserved are undesirable, or at a disadvantage in a world in which the attacking agent has been controlled."

Dr. Jennings considered as more palpable the criticism often directed to preventive work against disease that complete success in one method of defense against a human enemy makes other methods unnecessary; the organism is then no longer selected with reference to inherent capacity for defense and may lose it, and become extinct.

"But in view of the fact," he said, "that control of the environment is the very fabric of life; that organisms cannot live without it; that they have been practicing it assiduously for a hundred million years, and that some of them are still flourishing, it appears whimsical to look for imminent degeneration or extinction through that action. Any organism must seek out those conditions that are favorable to its physiological processes; this is the

daily business of life. The practice of hygiene, of public health is but one farther link in a chain that goes back to the beginning of life. Elaborate internal mechanisms are developed for keeping the temperature high and uniform. Strength of body, quickness, agility; the development of claws and teeth—these seize the advantage by transforming the defensive into an offensive. Acuteness of senses, cunning, inventiveness, supplement all these methods. Coöperative action registers an enormous advance. Shelters, clothes, are found or devised; fire taken into service; food cultivated; weapons invented, machines produced; the properties of substances tested; new ones compounded. Devices come into existence for recording the results of tests once made; for preserving knowledge as it is gained. Some organisms proceed to that systematic elaboration of methods for discovery and application of knowledge that we call scientific research; the most powerful aid yet devised for bringing the environment under control. Hygiene, medicine, the arts of public health—these things are but later terms in the long series that begins where amoeba takes in certain substances and rejects others. Abandonment of environmental control, cessation of the process of adapting ourselves to the conditions—this is unnecessary, undesirable, impossible."

Dr. Theobald Smith opened the discussion of Dr. Jennings' paper. "Race progress," he said, "means movement, expansion, and internal differentiation. The problem of health progress is to find what is lacking in any form of existence and supply it if possible."

Everything about him has delighted the world. The intelligence with which he had prepared and the lack of that fuss which usually goes with efficiency. His incredible courage and his entire lack of bravado. The accuracy of his arrival at Le Bourget, on time, as he had planned, neatly and without irrelevant incident.

And then the discovery within a few hours that the perfect deed had been done in a pure and gracious spirit. . . . The world has taken Lindbergh close to its heart, has put him in the secret places of its longing where men's wings are not clipped, and they too can fly unfrightened through the darkness to their destination. Then in a night a legend was born which, like all the great stories of mankind, tells of a hero who faced death and triumphed over it.

The unworldliness of Lindbergh has conquered the world.—Editorial, *New York World*

SOLILOQUY

Miss Helen Teal's charming poem originally appeared in the *Red Cross Courier*. This summer, as Miss Teal and the nurse's committee predicted, the garden "is greener and gayer and more beautiful" with the additional help of a little colored child who weeded it while Miss Jane Whitlow, the "nurse in gray" was away. Might not gardens such as this help to solve some of those problems of "loneliness" in rural work?

I AM A GARDEN—

Today I flaunt my blossoms gay;
Today I drink in praises of passersby and
rejoice in admiration of my nurse in gray.
Today I am green and flourishing—
I am a garden of bright hues and sweet scents.

Last year I was a dump—an eyesore,
A disgrace to the town,
Hidden behind stores; a breeding place for
mosquitoes.
A menace to the people. . . .
This year fair ladies come to see me:
I am a garden of bright hues and sweet scents.
I shall be better next year—greener and gayer.

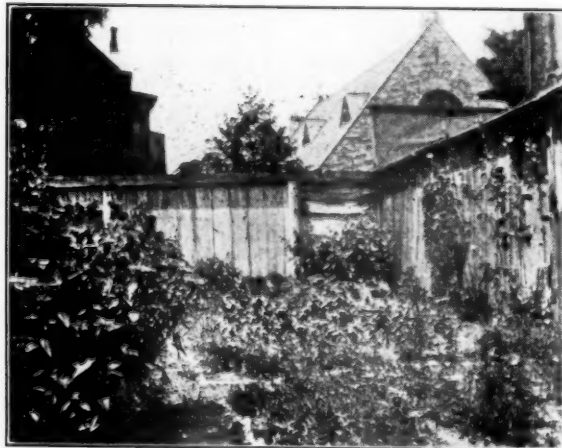
Behold my sheltering fence, white and protecting;
My nurse's friends attired in knickers gave it
its whiteness.
Behold my paths rimmed with oyster shells, the
handwork of one member of my nurse's com-
mittee.
Look at the "terrace"—each brick laid by fair
hands of other women.
See the grass plots—evidence of the interest
of three; the
Coal merchant, the dentist's wife, the doctor's
better-half.

Consider the absence of weeds—the freedom from
stone.
Admire the variety of plant and blossom.
The lettuce which speaks of Italy:
All are testimonials of the interest of many
folks.

Soon I shall rest for the winter: . . .

Soon I shall dream of coming glory.
My nurse's committee has said that I shall be
gayer and more beautiful next summer.
I am content—
I am the nurse's garden in Lambertville, New
Jersey.

—Helen Teal.



HOURLY NURSING IN PUBLIC HEALTH NURSING ASSOCIATIONS

BY LOUISE M. TATTERSHALL
Statistician, N.O.P.H.N.

Immediately following the 1926 Biennial Meeting, at Atlantic City, the N.O.P.H.N. Board of Directors became impressed with the advisability of making a careful study of hourly nursing. The new interest in private duty nursing and the proposed five year study of nursing under the Committee for the Grading of Schools of Nursing, suggested the possibility of a steadily increasing interest in providing hourly nursing service. It was thought best to confine this study to public health nursing associations, although it was realized that many hourly nursing services would probably be established in connection with nurses' registries. *J. C. A.*

WHEN visiting nursing passed from the stage of a free service to one that was paid for, the charge was made at so much a visit. The fee asked had no relation to the time spent in the visit or the kind of nursing care given. Recently some organizations have established nursing services that are charged for at other than so much a visit. These are:

1. Service paid for on a time basis and charged for at so much an hour or part of an hour.
2. Service paid for according to the care given and charged for at a definite rate, as so much for delivery service, or so much for a treatment given.

This first service which is paid for on a time visit is generally known as Hourly Nursing Service and is given in addition to a general nursing service which may be free or paid for at so much a visit.

Early in 1927 a questionnaire was sent to organizations throughout the country doing visiting nursing, to find out how many of them were giving a nursing service which is charged for on a time basis, and also to find out how this service is organized. Fifty-four organizations reported having a nursing service which is charged for on a time basis. In four organizations this cannot be said to be a special service, for in three associations the fee for a full pay visit is at so much an hour or part; and in one organization all visits that are paid for, are paid for at so much an hour. In these four organizations all calls for nursing service, whether paid or free, are given the same consideration.

Of the other organizations, two employ but one nurse each, so their service cannot be compared with that of agencies employing several nurses. Two give nursing at an hourly rate so rarely, they have formulated no definite plan. Five organizations have established hourly nursing very recently, and have little information to give. The remaining 41 organizations having an hourly nursing service give considerable information of interest and value.

The 46 organizations upon whose replies the report is principally based are located in 45 cities of various population as follows:

Population Group	Number of Cities Having Organizations Reporting
Total	45
700,000 or more	3
200,000 to 700,000	7
100,000 " 200,000	12
50,000 " 100,000	10
25,000 " 50,000	8
10,000 " 25,000	4
Less than 10,000	1

The number of nurses on the staff of each of these organizations are:

Number of Nurses on Staff	Number of Organizations
Total	46
50 or more	7
26 to 49	8
16 to 25	11
6 to 15	10
2 to 5	10

WHEN ESTABLISHED

Disregarding the five associations that have established an hourly nursing service within a recent period, the

average length of time the 41 associations have carried on this service is between five and six years. One association states it began this type of service in 1909 and two associations have furnished nursing service at an hourly rate from the establishment of their nursing service. One was organized in 1917 and the other in 1920.

HOURS OF SERVICE

In 38 of the 46 organizations nursing service at an hourly rate is available only during the regular daily hours, that is, from 8 or 8.30 A.M. to 5 or 5.30 P.M. In eight organizations nurses are available after 5 or 5.30 P.M. The periods of time these eight organizations will furnish nurses are:

Hours	No. of Organizations
8 A.M. to 8 P.M.....	1
8 A.M. to 8:30 P.M.....	1
8 A.M. to 10 P.M.....	3
9 A.M. to 9 P.M.....	1
1 P.M. to 10 P.M.....	1
24 hours	1

LENGTH OF VISIT

Thirty-one organizations definitely limit the time that can be spent in one visit in their hourly nursing service. Ten organizations state that the time for a visit is not limited and depends entirely on the care given. The remaining 5 organizations give no information.

The maximum length of time that may be spent in a visit by nurses in the 31 organizations which put a limit on the length of a visit are

1 hour	2 organizations
1½ hours	2 "
2 hours	13 "
2½ hours	1 "
3 hours	7 "
4 hours	4 "
8 hours	1 "
12 hours	1 "

From the foregoing statements it is the most frequent practice of organizations to set a limit to the length of time that the service of a nurse may be had and to make this length of time 2 hours.

STAFF ARRANGEMENT

The calls for the service of a nurse on an hourly basis are taken care of by the regular staff nurses of the organizations in all but 3 organizations. In one of these 3 organizations there is a special nurse employed to take care of calls after 5 P.M.; in the other two, hourly nursing calls are taken care of by 2 special nurses in one case and by one special nurse in the other case.

One organization, where hourly nursing has been carried on for 10 years, at first employed a special nurse for hourly nursing calls, but at present these calls are taken care of by the regular staff nurses.

Generally the same nurse cares for a patient until dismissed.

FEE

Considering first the 38 organizations that give hourly nursing service only to 5 or 5.30 P.M. the fee charged is either a flat rate at so much an hour or part, or at so much for the first hour and additional time at a lower rate. The rates charged by 16 associations for an hour or part of an hour are as follows:

Charge per Hour	No. of Organizations
\$1.00.....	10
1.25.....	3
1.50.....	1
1.75.....	1
2.00.....	1

The rates charged by 22 associations with a sliding scale are:

Rates for First Hour or Part	Rates for Additional Time	Number of Organizations
\$1.00	\$.50 an hour	5
	.75 " "	2
1.25	.25 for 15 min.	2
	.50 an hour	1
	.85 " "	1
1.50	.40 a ½ hour	1
	.50 an hour	1
	.75 " "	1
	1.00 " "	1
2.00	.50 " "	1
	1.00 " "	3
	1.50 " "	1
	1.75 2nd hour	
	.75 an hr. thereafter	1
3.00	1.50 an hour	1

The fees charged by the remaining 8 organizations are:

Rate for First Hour		Rate for Additional Time	
To 5 P.M.	After 5 P.M.		
\$1.00	\$1.00	75 cents	second hour, 50 cents an hour thereafter
1.25	1.25	50 cents	an hour
1.25	1.25	50 cents	a half hour
1.50	1.50	\$1.00	second hour, 25 cents each half hour thereafter
1.25	1.50	\$1.25 and \$1.50	an hour
1.25	1.50	75 cents	an hour
1.50	2.00	40 cents	a half hour
1.50	2.00	75 cents	an hour

It is interesting to compare these fees with the charge made for a full pay visit by the organizations; following are the charges asked:

Fee for Full Pay Visits	Number of Organizations
Total.....	46
75 to 79 cents.....	13
80 to 89 cents.....	4
90 to 99 cents.....	6
\$1.00.....	19
\$1.15.....	1
Not stated.....	3

Eight organizations asking \$1.00 an hour for the service of a nurse also ask \$1.00 for a full pay visit. In all other cases the amount asked for an hour's service is more than the rate for a full pay visit.

SUPERVISION

Thirty-nine organizations report that the supervision of their hourly nursing service is the same as that for the general nursing service. Three organizations state that the supervision for this service is the same as that for all other calls except the supervisor does not go into the home with the staff nurse.

In two organizations there is no supervision at all of the hourly nursing calls and 2 organizations have not as yet decided on their policy of supervising hourly nursing calls.

It seems from this that the general practice is to give the same supervision to calls for hourly nursing service as is given to all other calls for nursing service.

POLICY OF ANSWERING CALLS

All but 3 of 41 organizations state that calls for hourly nursing service are made with some regard to the time the patient asks for it. These 3 state

that calls for this service are made when best suited to the daily schedule of the nurse with no regard to time set by patient. The degree to which the definite time set by the patient is met and to which these calls are given preference over calls for general nursing service varies.

In 13 organizations the time set by the patient is met in so far as it is possible by giving these calls first consideration. This might be called a "definite" time service.

In 24 organizations the time set by the patient is taken into account, but it is not given first consideration.

Some of these last state that it is the policy of their organization to give all acutely ill patients first consideration, no matter whether the visit is to be paid for or free. This policy is explained to people waiting for a nurse at a definite time and they are asked to adjust the time they want the nurse.

If it is found impossible for a nurse to call at the time set by the patient, one organization reports, the patient is told at what time the nurse will come and the nurse arrives at that time.

DEMAND FOR HOURLY NURSING SERVICE

Calls for hourly nursing service are not restricted to any one type of case for several organizations report that "all types" of cases are nursed. However, the cases which are reported as being most frequently nursed are chronics. Next in order come calls for special treatments, as colonic irrigations, douches, etc. Some of the others are convalescent cases, post-operative cases, relief for private nurses on acutely ill cases, and minor illnesses. Up to the present the calls for hourly

nursing service have come more from patients than from physicians.

Twenty-six organizations report that the demand for this service is increasing, while 11 organizations report that there has been no increase in the number of calls. One association has discontinued their hourly nursing service, not from a lack of calls, but because it was felt that the necessity of a nurse having to make a call within an appointed time, interfered with the aim of the organization of giving skilled nursing care to those unable to afford special nurses.

HOURLY NURSING SERVICE AND THE WORK OF THE ORGANIZATION

Hourly nursing service has not as yet developed into any great part of the general work of any organization, if the information given by 11 organizations is true for other organizations.

In 7 of these organizations the number of visits made in hourly nursing service is less than 1 per cent of the total number of nursing visits made in a year. In 2 organizations it is 1 per cent, and in the 2 remaining organizations it is 3 per cent of the total number of visits made in a year.

COMMENTS OF DIRECTORS OF VISITING NURSE ASSOCIATIONS

Following are a few of the statements made by directors of visiting nurse associations in regard to hourly nursing services.

Our hourly service is usually given to short cases needing special treatments or surgical dressings, although we have a few chronic cases, usually old people.

The difficulties are in meeting a special time and in planning to keep the same nurse on cases. I believe this work has a real value to the community and is a needed service. Its value to the association is the num-

ber of interested, understanding friends it gives us in the community.

There is a need for an hourly service but until the physicians support it, it will not be used to any great extent. The fact that the Medical Advisory Committee voted recently to continue the service is encouraging.

The question of service to the "case" group of the community arose almost as soon as our Association was organized, seven years ago. At that time, several graduate nurses were doing hourly work. As time went on, we grew to feel that it was as unjust to exclude from a community service the "case" group as to discriminate against any other group. Our Advisory Council felt that the time had come to furnish hourly service, limiting it to regular visiting nurse hours. To make sure that it should not encroach on our regular service, we decided not to accept more than one nurse could do. This service counts as a "district," and the nurses take it in rotation, as they do regular duty. However, our staff and community are small, and it is impossible to stick closely to district lines. Hourly patients have very willingly accepted a substitute for the regular nurse, when necessary.

Some of the values of hourly nursing are:

1. It provides skilled nursing service to those members of the community who are unable to employ a graduate nurse full time and who perhaps may not wish to use a strictly visiting nursing service.
2. It is particularly valuable in minor illnesses and in cases requiring only special treatments or dressings once or twice a day.
3. The patient pays for the actual services needed and she is saved the expense of providing the nurse's maintenance.
4. It gives the nurse constant employment and saves her from bearing the expense of periods of idleness.

The difficulties of Hourly Service are chiefly administrative as

1. Fitting the definite hours of visiting into the routine program.
2. Extending hours for nursing service to 8 or 9 o'clock in the evening as the service may demand.

CONCLUSIONS

Although nursing service at an hourly rate is available from a number of visiting nurse associations, this service in all probability is but a small part of the work of any of these organizations.

There is a feeling that there is a need and a demand for an hourly nursing service.

At present calls are received mostly from patients and the greatest number of calls come for care of chronics.

Two difficulties are encountered in the establishing of an hourly nursing service by a visiting nurse association.

1. Hesitancy on part of "ease" group of community to make use of the services of an organization doing charity work.

2. The planning of the work of a staff doing general visiting nursing so as to meet the demands for a nurse at a specified time and not to interfere with giving care to acutely ill patients.

Plan

The plan for carrying on an hourly nursing service as developed by most organizations is:

To give hourly nursing care only during the regular hours, from 8 or 8:30 A.M. to 5 or 5:30 P.M.

To use the regular staff.

To limit the maximum length of any one visit to 2 hours.

To charge \$1.00 an hour, with additional time at a lower rate.

To supervise work of nurses doing hourly nursing in the same way as that of nurses doing general visiting nursing.

To make calls with some regard as to time patient specifies, but not to give calls first consideration.

To have same nurse take care of patient until patient is dismissed.

Editor's Note: The following abstract from a paper on Hourly Nursing given at the meeting of the Mid-Atlantic Division of the American Nurse's Association in New York by Miss Mary E. Edgecomb presents the writer's opinion on the advantages of hourly nursing as carried out under Visiting Nurse Associations.

In the next few years some form of hourly nursing will see rapid development and it would be futile to attempt to predict how and where, but it behooves us to keep an open mind, our only thought a development on sound lines. But whatever the future solution may be public health nurses have been called on and many associations have hourly service already well established, which gives us something on which to build.

We have, first, organization, with governing boards of lay people, trained to think in terms of community needs and determine policies based on these needs; a system of receiving and answering calls on a visit basis; nurses covering the community so that travel is reduced to a minimum; nurses who are accustomed to making quick adjustment to all types of homes, thus conserving time; nursing supervision, insuring to the patient more uniform procedure.

We have a method of analyzing our exact cost per visit which is comparable with costs elsewhere. This is important because the fee for hourly service will be based on actual cost and will automatically answer any criticism of the public as to over-payment. We have a system of taking histories, keeping records and analyzing statistics so that development may be based on known facts.

To the nurse, an association offers a regu-

lar salary, regular hours, a vacation and all the advantages, social and educational, of group work with supervision in its newer meaning of "offering expert advice in response to a felt need"; also the advantages of what labor calls "collective bargaining," for patients are not always reasonable or just in their demands.

As the work grows two factors enter into hourly visits that seem to distinguish them from regular public health nursing visits.

First, the visit is made on an appointment basis. . . . The hourly patient demands service at the time best suited to his needs and with possibly some adjustment we give him an appointment which we keep.

Second, visits are paid for on a time basis. Heretofore we have sold service on a visit basis, both short and long visits being counted alike. With hourly service, charge is made on the basis of time, a stated sum for the first hour, a smaller sum for the second hour or fraction thereof. Will it mean possibly a readjustment of fees for our present pay patients based on service rendered and time consumed? Also as hourly service should absolutely pay for itself, the addition of nurses as they are needed should not present a financial problem.

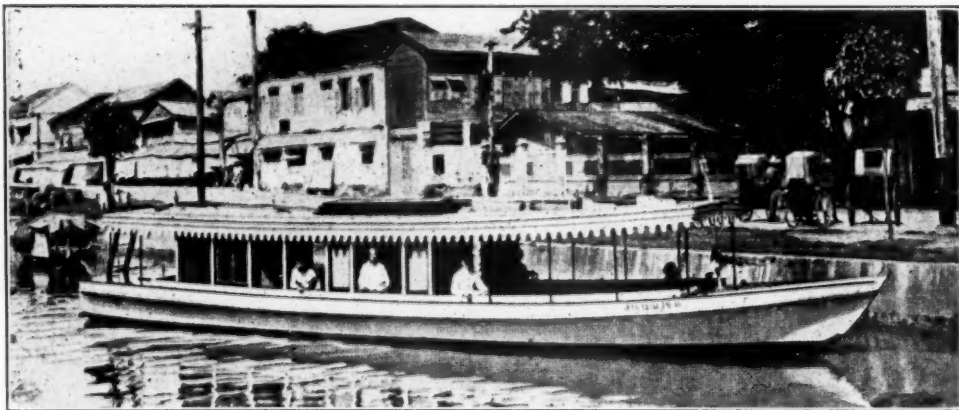
As this service grows, there will be many adjustments, but public health nursing services have always been

making adjustments to meet the ever changing demands and after all ability to adjust to new situations is progress. Only the principle that underlies all public health nursing must not change,

the spirit of service for all people, irrespective of basis of payment and the threefold object of our organization: the care of the sick, prevention of sickness and promotion of health.

A very interesting and significant occasion was the first annual meeting of the Nurses' Association of Siam in Bangkok on May 23. Queen Savang Vadhana and other members of the royal family were present. A number of the princesses are actively interested in nursing affairs; and the president of the new Association is the Princess Mandaraba who is Principal of the Nursing School of the Red Cross Society. Speeches were made on the development of nursing and public health nursing since the employment of untrained working women in the first ward of the Siriraj Hospital in 1887 and the establishment in 1896 by the late Queen Mother of a School for Midwifery. There are now three schools with modern standards and the Siamese Red Cross Society has established a School of Public Health Nursing. "The Siamese doctors and nurses of today have the standards of all civilized nations, and in the case of the nurses the new Association should help not a little in maintaining these standards." One hundred and eighty members are now enrolled in the Association. A vacancy in the committee was filled at this meeting by the appointment of Miss Alice Fitzgerald, directress of nurses at the Siriraj Hospital.

Music by a Siamese band, and a play staged at night by doctors and nurses added to the felicities of the occasion.



*Public Health Boat which Ministers to the Populations of the River Towns of Siam
(Courtesy—The Rockefeller Foundation)*

A NEW FIELD CONQUERED

BY GRACE FRANCES BORAH

Public Health Nurse, Harriman, Tennessee

A TONSIL clinic, for use principally among school children who have greatly needed this attention, and, at the same time, a well equipped place for care of any emergency accident or sickness cases in a town twelve miles from the nearest hospital—that has been the project which we have managed to carry to completion during the past fall in Harriman, Tennessee.

The need arose from the fact that Harriman, a town of over 6,000 people, had no hospital facilities. The town twelve miles away had a small one where major surgical cases could be cared for; a clinic within Harriman itself, however, where minor surgery could be done, seemed a necessity.

During the school health examinations last year I found an unusually high per cent of defective tonsils. There was one family, of the poor tenant farmer type, in which there were four girls, ranging in age from eight to fourteen years, all with bad tonsils.

After I had—at the expenditure of much time—obtained the parents' permission for tonsillectomies, another problem arose—who to do the work?

One of the local doctors had been for the past three years doing tonsil operations in his office. He readily consented and two days later I took the girls to his office. Without adequate dormitory facilities, the work was a real hardship to everyone concerned, and that very day I decided for a clinic.

A suite of four rooms was found, well located, with adequate lights, water and heat. A thorough cleaning, with the addition of gray kalsomine for the walls, white enamel for the woodwork, and shining blue and white linoleum for the floors, transformed it into a very attractive "health workshop."

Two of the doctors most interested in the project agreed to pay the rent

and the owner made a number of repairs. I undertook to get funds for the equipment and furnishings and without undue difficulty money was collected.

It was arranged to use a well-lighted corner room for the surgery. Equipment included an electrical sterilizer, an electrical ether machine, a regulation operating table, cases, instruments, and accessory tables. There were two other rooms for dormitories with hospital beds and accommodations such that, if necessary, patients might remain overnight with a member of their family or their nurse. A bath and a small office completed the suite.

When the clinic was ready for occupancy we held a formal opening. Women representing all the women's clubs of Harriman acted as hostesses and numbers of enthusiastic people called.

Seventeen tonsillectomies were performed during the first month, and the total has been substantially increased during the following months. The project has been on the basis that if patients are able to pay for the operations they do so. Otherwise the work is performed free of charge. Fees are moderate and part payments are accepted. Use of the clinic and its facilities is open on a business basis to all the physicians of Harriman.

So far as has been ascertained, this clinic is the only one of its sort in this section, and it is further unique in that it has been undertaken as a part of a public health nursing program.

I cannot but think that although operating room nursing is not exactly included in a public health program something tangible has been put into the community, and that many children will be benefited.

A WORLD HEALTH HAZARD

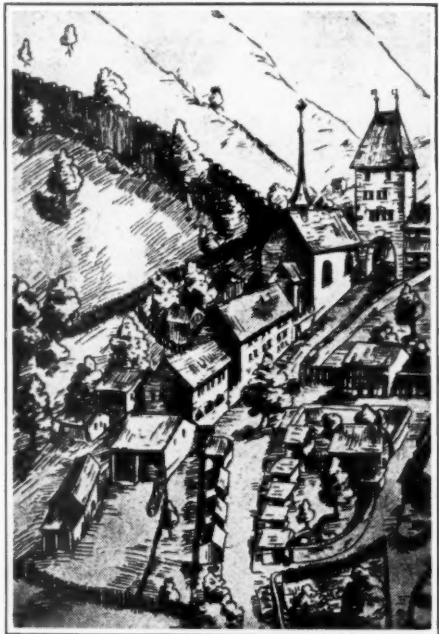
We refer our readers to "The Rôle of the Public Health Nurse in the Control of Leprosy," May, 1925, PUBLIC HEALTH NURSE.

THE work of caring for lepers which has continued from the early times must hold for anyone brought to think of it from the standpoint strictly of tradition a definite if depressing sort of romance. The anathematic nature of the disease, the wretchedness of its victims and the courage of those who have voluntarily undertaken the isolation and the supposedly great risk which its ministrations impose, have for a long time contrived to elevate the whole matter to a vastly more interesting level than the work-a-day one of scientific inquiry; the thought of leprosy and of the bravery surrounding efforts toward its alleviation has a connotation unique among impressions of human maladies. Nothing worse could conveniently be imagined; persons more to be admired therefore than its voluntary ministers become logically of a similar rarity and so this distressing problem acquires its own manner of appeal to the imagination.

It is with the intention of putting before our readers the question of leprosy as one of concern to public health workers, however, and not of dwelling on its historic aspects, except as they give it public health significance, that we publish the following facts, hoping to claim their interest with the present measures being set against it which, if less spectacular than those of former times, are perhaps at least as absorbing in that they estimate the disease in its relation to the world and not merely as it affects individuals or even small states. We quote from the preliminary report of the Health Committee of the League of Nations.

Every part of the world except Europe has leprosy centers, some of them being particularly virulent. Even the countries of Europe, however, must take part in the campaign against this disease. Our international duties require that leprosy should receive the especial attention of the Committee in order that certain aspects of the epidemiology prophylaxis of this terrible

disease may be thoroughly investigated. It is essential to take action of this sort; first, because leprosy is rife over large areas of the globe and has a high rate of morbidity; second, this disease can occur in all climates and at all latitudes and is therefore always



*Hospital for Lepers at Lucerne—1591.
Founded in 6th Century*

(From collection of pictures—Isabel M. Stewart)

threatening to invade countries as yet uninfected.

The statistical data quoted below show the incidence of leprosy in a large number of countries.

The number of lepers under French colonial control may be estimated at 80,000. Gougion considers that the incidence is from 50 to 2 cases per 1,000 inhabitants. In certain colonies it reaches 10 or even 30 cases per 1,000 inhabitants.

In certain islands of the Caledonian Archipelago the rate of leper morbidity is as many as 5,000 diseased persons in a population of 2,000,000 to 3,000,000.

The greatest center of leprosy in the world is in Central Africa where the proportion is from 60 per 1,000 to 320 per 1,000.

In India in 1921 there were 102,503 lepers and in China it is estimated that there are over 100,000. There are over 16,000 in Japan. Jeanselme estimates that there are 25,000 in Indo-China. There are 3,000 in Egypt and from 3,000 to 4,000 in East Africa.

The general action to be taken by the Health Committee of the League of Nations might be as follows:

I. To spread in the main centers of leprosy modern knowledge regarding the disease, in order that measures will be taken that may effectively restrict infection.

II. To promote and assist investigation into the treatment of leprosy.

III. To endeavor with the aid of specialists to elucidate the mechanism of infection, an exact knowledge of which is indispensable as a rational basis for prophylaxis.

IV. To arrange for the exchange of specialists between countries in which leprosy exists and organize special leprosy research centers.

V. To promote and assist the publication of an international review the special purpose of which would be to spread knowledge concerning leprosy.

VI. To promote international legislation with the object of preventing the transmission of leprosy from one country to another.

To continue with the figures and inspect the census of leprosy sufferers in North and South America is illuminating. Very few of the American republics are free from the disease, the number of cases which may be safely estimated being between 30,000 and 40,000; of these, however, the vast majority is to be found in South America. The Public Health Reports of the United States Public Health Service count those within our continental boundaries as 300 known cases and possibly as many unknown. The highest incidence of the disease is in the Gulf States where there is evidence of continued propagation and where the malady has existed for generations, having been sustained by contact with tropical America through commercial sources, through the slave trade and, in the case of some parts of Louisiana, augmented by the settling of the Acadians.

Leprosy in the United States

The United States Public Health Service has taken a deep interest in the

problem presented by these conditions. It has fostered legislation governing the procedure to be used with detected cases, their custody, treatment and transportation to the National Leper Home at Carville, La. It purchased from the state of Louisiana in 1921 the Old State Home for Lepers and renovated it as a modern health station where everything known is done for the care of the invalids committed to it. It founded in Hawaii a leprosy investigation station where scientists give their time exclusively to research studies.

There are still, however, a good many popular misconceptions in the United States about leprosy. One is that it is hereditary; it has been found, none the less, that children taken from leprosy parents immediately after birth do not become lepers. Another is that it is incurable; it has been found on the contrary that a certain small per cent of lepers do recover. In the National Leper Home during the past year three patients were paroled as being no longer a menace to public health. *The report* reads:

(Reprint No. 1080, p. 7, May 14, 1926)

After repeated examinations any leper who has shown clinical improvement for a year and has not within that time been found to be bacteriologically a leper is placed under special observation for a period of two years, at the end of which time he is given final consideration. Should he successfully pass this final examination he is recommended for parole and released subject to further examination by his state health authorities once each six months for a period of three years. Should his condition continue to be satisfactory he is given his final discharge as a case of arrested leprosy no longer a menace to the public health.

It is also known now to be only mildly contagious, usually intimate prolonged contact with a leper being necessary to transmit it. Fear of the disease nevertheless has given rise to devious ways of protecting uninfected citizens, often at the cost of brutality to the leper. In the Middle Ages when such an attitude was more comprehensible than the modern viewpoint would permit a rigorous but in the long run beneficial isolation was enforced and

it may be in part to this that leprosy has so nearly disappeared from Europe to-day. An important by-product of mediaeval treatment, says the United States Health Reports,

has been that it vastly aided the hospital movement. The building of leprosaria represented a great wave of social and hygienic movement and this was a wave of genuine prophylaxis as well as human charity.

Nevertheless in almost the present time the traditional horror of the disease has operated against public health measures for its control; it is a fact that when, in 1894, Louisiana purchased what is now the national leprosarium in Iberville parish the first contingent of patients had to be brought in by night on coal barges to protect them from the indignation felt by the native population at having the hospital located in its community.

Modern Alleviation

To the mind accustomed to think of a leprosarium as a house of plague the national institution is decidedly surprising. It is a beautifully situated place with spacious grounds and many facilities for recreation and employment. A formal tea-garden with a fountain, we read in the Public Health Report, has been constructed this year in the patio in front of the new dining-room, which does not have an authentically pestiferous sound. Shade trees consisting of Lombardy poplars and American lindens and a variety of flowering shrubs have been planted as well as a large number of palms and dates. A nursery of live oaks, the trees being young saplings now, will be available for transplanting at an early date. This is not the traditional picture of the colony of wretched lepers! A library operated by the patients, a dairy barn with facilities for eighty cows, a carpenter shop, a blacksmith shop and a paint shop are also mentioned in the report.

As instance of the improved mental attitude resulting from the modern treatment of the disease we read that the patients of the Hawaiian colony are requesting permission to run their own newspaper.

Meanwhile the work for the control of the disease where it is a genuine menace to public health continues. The Porto Rico colony has recently been renovated, a new leprosarium costing \$125,000 having been constructed and a park of 40 acres laid out. The Siamese Red Cross has founded a leper colony in Siam near Bangkok and installed an anti-leprosy center at the headquarters of the Health Section in the city. Both institutions are reported to be growing rapidly. At Culion, the great leper colony of the Philippine Islands, over 5,000 patients are cared for with the most scrupulous scientific attention. At the request of Governor-General Wood a group has recently been formed to fight leprosy in the Philippines on a more intensive plan. It is called the American Committee for the Eradication of Leprosy in the Philippines and is endeavoring to raise \$2,000,000 to supplement the government appropriation.

Speaking of the results of the study of leprosy made at the latter station so far, Dr. Victor G. Heiser, formerly in charge of the public health work of the Philippines says:

The most we can say for present day treatment is this: Ten per cent of the patients can be cured who have not had leprosy over a long period, that is not more than four or five years and who are past early adult life. We can show improvement in 50 per cent of all cases treated and we can arrest the progress of the disease in 90 per cent of the cases exposed to the proper treatment.

There is maintained a whole town at Culion with houses built, streets laid out and plumbing installed. It is on one of the most beautiful of the islands. Civic problems have been provided for in a democratic fashion, the lepers administering their own government. Mention of this colony, the largest in the world, would hardly be complete without mention also of Sister Calixte Christen of Chartres. She came to Culion twenty years ago when the settlement was in a primitive state and knowledge of leprosy in an even less hopeful condition than it is now and has devoted her life since to the care of the island sufferers. Recently the

United States Government held a formal ceremony in her honor and paid her the unique tribute of a gold medal award, the only instance of such a tribute having been given to a woman that we have.

Throughout the Orient workers for health education are extending knowledge of modern treatment. But like any widely extended movement this one proceeds to tangible results slowly. Dr. Robert G. Cochrane who has been

engaged in work in India with the Mission for Lepers speaking at that organization's last meeting said:

The real tragedy of leprosy is that there are hundreds and thousands of men, women and little children passing from the early curable stage into the advanced, crippling, mutilating state when nothing can be done for them. That is the real tragedy of leprosy! I shall not rest content until every leper, not only in India but in the whole world is brought within the reach of efficient medical treatment.

It is the custom for field nurses of the Visiting Nurse Association of Chicago to write up special reports, investigations or stories of families under their care on a special form known as a "Green Sheet." Some of these accounts of the nursing day have come to us and have been found both amusing and illuminating. We publish the one below as an example of how the nurse may visualize and adapt herself to the particular circumstances of each visit.

"1113 Blue Island Avenue, 3rd floor front," she read just before she ducked into the hole in the wall. A long climb up a dark flight of stairs; another flight—a third. Three knocks, a dog barks, a surly voice calls, "Who's there?"

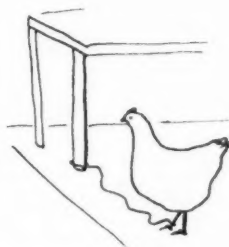
"The nurse."

Two bolts slide back and the door is opened. A very different voice says, "Come in, Mrs., are you from the Jane Addams?" The reply being in the affirmative, a words-of-one-syllable conversation is begun, accompanied by many gestures.

In obtaining the family history, it is learned that the Martinez household formerly lived in San Bernardino, California, near where the Visiting Nurse has lived. This makes them old friends at once and service is rendered her worthy of the manner of a Don Juan.

She is conducted to the kitchen to "scrub up" and there she sees a fat Rhode Island hen tethered to the stone table leg. At the time, the nurse could not decide whether this was an act of kindness to the hen in such bitter weather, or whether it was to have biddy handy to the pot, should the pot ever boil (the Martinez family cook on a wood range!) A visit the next day solved the problem—no tethered hen but the remains of a chicken dinner were in evidence.

From 8:30 until 4:30 she goes like Alice, "Through the Looking Glass" to another world. There is no monotony in the life of the Visiting Nurse. Two entirely different reactions occur upon the meeting of the patient and nurse and it is difficult to tell who is learning the most.



A STATE HOSPITAL FOR CANCER

When Governor Fuller of Massachusetts announced the opening of the Pondville Hospital for Cancer, as he did with simple ceremonies during the month of June, it may be that a step forward was taken in the control of a great disease problem. The true significance in the event was not that a few more beds have been made available to cancer patients. Any well-endowed private hospital might have met that need equally well. The fact about this opening which makes it unique among all hospital openings is that the Pondville institution is an integral part of a program framed at the instigation of the Legislature by the Commissioner of Public Health and his advisors, looking toward a reduction in the cancer death rate in the state. It is the first time in history that a state health department has been charged with the control of a chronic disease which is recognized as non-communicable and the causes of which are not known.

Massachusetts holds an unenviable position of leadership among the states in its cancer mortality rate. This fact was faced and accepted by the General Court in 1925 when it appointed a commission to study the state cancer situation and in the following year, 1926, when an act was passed under which the Department of Public Health was ordered to do the following things:

Establish a hospital for cancer of all types.

Develop clinics in leading communities for the purpose of bringing diagnostic and treatment service within the reach of all.

Make further statistical studies with regard to the age and geographical distribution of cancer and other factors concerned in the incidence of the disease.

The hospital is in Norfolk. The number of beds will be 90 to 95.

Clinics

Clinics which, from the preventive and educational viewpoint, represent the most vital feature of the program, have now been opened in five of the larger cities of the state. Others will

follow. The part of the State Department in establishing them is in rendering the medical profession of the chosen communities financial as well as personnel and advisory assistance in developing, through such local hospitals as are equipped to render it, a high-grade medical and social service.

Through an associate committee of citizens the coöperation of the community at large is secured to supplement the work of the medical committee, which is appointed by the local medical organization. This lay group assumes responsibility for public instruction in the signs of early cancer and in certain methods of prevention. In most of the clinic cities the associate committees are also meeting the problem of social service in the clinic. Eventually it is likely that they will have to face the larger questions of the hospitalization of and proper care for terminal cases, either in the patient's homes or through municipal resources.

Studies

Studies are being made in the Department with the purpose of adding to the store of cancer information which will serve as a guide for future policies as the program develops.

Those who are responsible for this program base their confidence of success upon three main factors:

The giving of correct information in understandable form to the public, regarding the early signs of cancer and pre-cancerous conditions.

The affording of adequate diagnostic and treatment facilities for those who have discovered their need of them.

The acquiring of more knowledge as to the environmental, dietetic and biologic factors contributing to the prevalence of the disease in Massachusetts.

Should other state legislatures assume that the control of cancer lies within the scope of governmental function, may we not look forward to the day when combined combating forces will lead to a material reduction in the present high cancer death rate?

MARY R. LAKEMAN, M.D.

THE COMMUNITY AND THE CHILD

By JOHN E. ANDERSON, M.D.

Abstract of Paper read at the Annual Meeting of the American Child Health Association, Washington, D. C., May, 1927.

Our health program in the past has concerned itself very largely with the meeting of deficiencies. We have been, and are now, attempting to bring individual children and individual adults up to a higher level of functioning by virtue of meeting specific physical, nutritional, and mental handicaps. Our first and obvious task as a community has been the curing of the sick, the improvement of the handicapped, and the meeting of the difficulties imposed by unfortunate social, educational, and economic conditions. It is obvious, if one considers any continued program of meeting particular deficiencies, that ultimately there will come a time when the effects will not increase in proportion to the amount of effort expended. In other words, you are dealing with a situation involving the law of diminishing returns.

As the community meets deficiencies and brings the individual nearer and nearer an optimal state of health, new problems begin to appear. This has been brought out in interesting fashion by Miss Roberts of the University of Chicago, who made a study of the nutrition of young children, and found that while the nutritional level of children had been greatly increased by the community's stress upon proper diet, at the same time, there were apparent many more behavior problems centering about the problem of eating.

Here then has emerged a new problem—one that concerns itself with what we may call the whole child. It is not enough to prescribe what the child shall eat—he must eat it—if he is made to eat it in a certain way the effect upon his ultimate development may be worse than if he had not eaten the prescribed food at all. Obviously, we move toward a conflict between two aspects of the life of the child—

one nutritional, one behavior—some one has to balance the two. That is, in brief, the problem the community faces, as soon as it meets successfully the serious deficiencies, the task of weighing and balancing the various factors which go into the total child comes to the fore.

We are all groping in our modern community towards the type of co-operative and coördinative effort which will most effectively tie-in various agencies so that the problems of the whole child and of the normal child can be met. It is here, I think, that the advances of the future must come.

Our advances in the next ten or twenty or fifty years will come largely in the way of coördinating the material developed by two or more separate sciences, first so as to meet the problems which fall between those sciences, and later to give us a view of the whole individual.

As soon as we begin to coördinate and integrate scientific results about the problem of the whole child, some of our now highly regarded analytic results will not seem so important as they appear at the present time. Probably the best method of checking our growing tendency to faddism, the emphasis of specific and particular devices as panaceas for all the needs of the child, will come through tying-in together the different scientific approaches, and getting a view of the relation of each to the whole life process of the individual.

Education is, in a real sense, living. Increasingly, we are attempting to bring education and living together. On the one hand, there is a growing tendency to bring the school in contact with the home by the organization of parent teacher associations and the development of community centers

with the school, and on the other hand, by the development of adult education programs which carry the school on into mature life. Through these movements, the community should in part correct the tendency to a deficiency type of program.

Further, education is not without its effect on the home. Many of us realize that one of the greatest results achieved by our health education program in the schools is obtained not on the children in the school, but in the home, by means of the information which the child carries back and which gradually, over a period of years, modifies the home procedure with reference to health matters.

To consider the individuals through whom the community must make its approach to the child, there are two types of individuals who wield a tremendous influence in transmitting the accumulated experience of the race and the development of its attitudes toward living. The first of these is the parent. Increasingly, it is becoming clear that it is the parents who should be the locus of our efforts to improve the lot of the child. Parental education is the term applied to a new movement in the field of adult education

which seeks to make the approach directly to the parent.

The second person who comes in contact with the child over long periods is the teacher. Despite a tendency to bring in special teachers for particular fields and subjects, the classroom teacher rather than the specialist is the individual who must make the program effective. Future developments in our community approach to the child are more than ever before going to be centered about the teacher and the parent.

It seems to me that one very effective mode of meeting the problems of the child as a unit rather than as a part or an organ will arise through setting up in various communities, perhaps with the state as a unit, organizations which have as their task the study of the whole child

In relation to his home situation.

In relation to the every day type of problem that the parent and teacher meet.

To connect with this organization there should be an extension or dissemination service to bring the information so obtained to the parent and the teacher. Such organizations would have as their primary purpose the study of the typical or usual child.

An account by Dr. Armand-Delille of the day nursery for the babies of women workers in the Salpêtrière Hospital in Paris is quoted in *The Lancet* (London), April 16, 1927. The arrangements permit the isolation of each baby in a kind of box, where it is breast fed by the mother every three hours. During the past four years there has not been a single death from digestive troubles among the 200 infants accommodated, and although occasional cases of measles, whooping cough, and diphtheria were brought in from outside there has been no epidemic of these diseases. If this system of isolating the babies could be brought into general use in crèches, the author thinks it would greatly reduce infant mortality.

The babies in this nursery are given sun baths as a routine during fine weather, and not one of the babies thus treated has developed rickets. Some of the babies born in November or December that appeared weak were given ultra-violet baths during the winter, but those born after the end of January had only sun baths.—*Child Welfare News Summary*.

Give me a good digestion Lord, and also something to digest. Give me a healthy body Lord, with sense to keep it at its best. Give me a healthy mind good Lord, to keep the good and pure in sight which seeing sin is not appalled, but finds a way to get it right. Give me a mind that is not bored, that does not whimper, whine or sigh; don't let me worry over-much about the fussy thing called I. Give me a sense of humor Lord, give me the grace to see a joke, to get some happiness from life, and pass it on to other folk.

A Prayer found in Chester Cathedral

MENTAL HYGIENE CLINIC UNDER DIRECTION OF THE ALBANY GUILD FOR PUBLIC HEALTH NURSING

Sixth in the series of *Reports on Mental Hygiene Programs of Public Health Nursing Services*, printed in the March, April, July, October, 1926, and June, 1927, numbers.

At the instigation of the superintendent of the Albany, N. Y., Guild for Public Health Nursing a Mental Hygiene Clinic was started in November, 1923, in the West End Health Center conducted by the Albany Guild and the Junior League.

The clinics are under the charge of a psychiatrist, and are planned as behavior clinics for the maladjusted child of higher mentality and developmental clinics for the subnormal child. They are both curative and preventive and have, since their inception, been held once a week for two hours.

The psychiatrist personally sees each child and parent. There is an average of three patients at each clinic, the patients returning about every three weeks.

The psychometric record is made at the first visit and changes of condition and treatment are recorded on a regular family history blank. Some psychometric tests are made periodically and show most illuminating changes.

Patients or their parents are given

outlines for their daily routines such as sleep, diet and play; some have medications of endocrine extracts and all of them advice on mental hygiene.

The clinic started in 1923 with 12 new patients; 11 were added in the second year; 1925 had 48 new patients, and 1926, 40 new patients; a total of 111 patients and 454 clinic visits since the clinic has been established.

The patients are secured from other agencies in the city, such as the Board of Child Welfare, the Associated Charities, the State Charities Aid and the nursing organizations, as well as from the parents who bring in their friends whom they feel need the advice of Dr. Cornell. More patients could not be cared for at the present when but one psychiatrist is in attendance.

Startling results are shown in some instances. The follow-up work in the home has not been extensive but we hope to develop this with our regular nursing service when the staff is more adequately equipped for mental hygiene work.

MEETING OF THE HOME ECONOMICS ASSOCIATION

The 800 women who attended the twentieth annual meeting of the American Home Economics Association at Asheville, North Carolina, from June 20 to 24, represented all sections of the United States, Nova Scotia and Porto Rico. As a body they expressed their delight in the beauty of the locality, their sincere appreciation for the hospitality shown them, and their satisfaction in the meeting itself.

The serious business of discussions, reports and thoughtful considerations was relieved daily by entertaining social events and auto trips to the mountain tops.

Mentally and spiritually we experienced growth, development and expansion. The tone of the meeting throughout was one of keen interest, earnest endeavor and delightful coöperation. The central topic was "Present Day Life" and "The Problem," a consideration of the contribution which can be made through the home and education toward its enrichment.

The importance of intelligent research, of child training for parents and college students, of health education from both the physical and mental angles, of adaptation of courses and methods to meet the needs of students, of extension of practical education in Home Economics to a greater number of homes, and of the coöperation of home economists with other workers and organizations were stressed in all Section meetings.

Reports indicate that the opportunities for coöperation of home economists with nurses and social workers are increasing, with satisfaction in results to both.

Among the distinguished speakers at the general sessions Will Durant fascinated us by his philosophy, showing the reality of human progress, and D. A. Thom, M.D., of the Massachusetts State Department of Mental Hygiene, gave us a new outlook on the "Mental Health of the Child."

B. B. EDWARDS

PLAYTHINGS AS AN AID IN HEALTH EXAMINATIONS

The value of playthings as a go-between the preschool child and his health examiner is described in an article by Dr. Jacob Sobol entitled Toys as a Pediatric Armamentarium in the January issue of *Archives of Pediatrics*.

Dr. Sobol quotes Dr. Parry's statement that it is "more important to know what kind of a person has a disease than what kind of disease a person has" and adds that the placing of toys in the waiting room of the health examiner's office greatly aids in determining the temperament of the child patients. "Often enough," he says,

while the child is busy with a toy and relaxed one may observe objective signs and symptoms—gait, attitude, posture, nutrition, facial expression, physiognomy, etc., which aid to establish a diagnosis.

Then, too, it is possible by observing the child's approach to the toys and his selection to get a line upon his constitutional make-up. The boy who singles out dolls is not likely to be as virile as one who selects a baseball, tennis racquet, steam engine, kite, or wagon.

The mere presence of toys in a clinic waiting room may be the means of helping determine the behavioristic tendencies of the child. There are children who will glance inquiringly at the mother and longingly at the toys but will refrain from touching anything or will finally ask through the mother if they may have one. This marks the child of good habits and good discipline.

There are others who as soon as they enter the office will handle, disarrange, appropriate or destroy one or more of the toys without permission or question—an evidence of improper training and little inhibition.

There are still others who will take a middle course and ask for the toys, but when told that they must wait or that they may have one after they are examined, will begin to cry and shout—the familiar tantrum child.

As for the actual medical advantage, it is quite commonplace to say, remarks Dr. Sobol, that in order to examine children properly one must gain their confidence and attention. Jocko, the animated monkey, he uses as an introduction to the child. He is manipulated by placing the index finger in the hollow of the head, the middle finger and thumb in the arms. Jocko is asked,

"Do you like Willie?" and he promptly bows his head in the affirmative.

Smiling Jim is a standby for children who will not open their mouths despite all pleading. He is made of rubber and when asking him in the presence of the child, "Show me your tongue," you gently press laterally; his tongue is protruded and Willie is shown what a good and obedient boy Jim is.

Restless Ann is a weighted toy girl so adjusted that she will not remain in the horizontal position. Like many neurotic children she will not be kept down. I have used this toy often for this type of child to show how to remain set and conserve energy and it has worked.

Dolls of course always appeal to the little girl. The statement that the doll, who by chance only has the same name as the child, is a good, obedient and helpful child, will often bring about happy results. A miniature bath thermometer and bath tub in connection with the doll open up the theme for bathing the baby and general cleanliness.

A wristwatch Dr. Sobol uses for directing attention to regularity in feeding, sleeping, rising and resting; a telephone for drawing interest, through its opportunity for conversation with father, mother, friends or tradesmen, to the actual routine of daily life; and a purse and bank for teaching thrift. Animal toys, he finds, serve the purpose of entertainment and so give opportunity to converse with the child and gain his attention and quiet. They modify a child's fear of animals and the cow at least provides an excuse for nutrition instruction. The three wise monkeys teach self-control. Bowling sets develop coördination and patience, building blocks concentration and constructive action and furniture or cooking sets orderliness, economy of material and table manners.

We have written to a number of health centers asking information on their use of toys in the waiting rooms of their clinics, but so far have had reports from only a few. Miss Mabelle S. Welsh of the East Harlem Nursing and Health Demonstration, New York, sends us the following notes:

In the purchase of toys for the preschool clinic waiting room it is wise to select those which will interest children between the ages of two and six years and give the right opportunity to form the habits which it is possible to start during this age period, as

- Bodily control and exercise.
- Adaptability to people and the ability to work with others.
- Desire for self-realization.
- Imaginative play and satisfying imagination.

Since toys for the waiting room are used by many children during the course of a year it is important to select those which are durable and easily and successfully cleaned.

The variety and type of toys must necessarily be limited by the size of the waiting room and the clinic attendance. Some suggested for this use are:

- Large balls which have to be caught in both hands and which encourage children's playing together.
- A strong firm slide.
- Large floor blocks, not smaller than three inches square which make the child stoop, lift and carry and are heavy enough to stay placed.
- Push and pull toys (good sized iron or wood wagons and trains) which develop the large muscles through pushing and pulling and getting up and down on the floor.
- A swing low enough for the child's feet to touch the floor.

Some materials out of which things can be made are:

- Large dominoes.
- "Tinker" beads to be strung.
- Blunt scissors and magazines with colored pictures.
- Large marking crayons.
- Clay to model with.
- Blocks.

For imitative play and satisfying imagination we suggest:

- Linen picture books.
- Dolls (washable).
- Toy dishes (preferably enamel with handles riveted on).

The Association for Improving the Condition of the Poor also reports that the use of toys in its preschool clinics has been worth while. Miss Long, the nutritionist of the Mulberry Health Center, 256 Mott Street, New York, writes us on the subject as follows:

We have used toys with our preschool nutrition clinics and find it does help with attendance. We have used blocks and similar simple toys for very little children and a series of small posters, 7 x 11 in black and white, for the older ones to color with the help of the person who brought them. These posters are a series (A3 First Health Rule Series) obtained from the National Dairy Council. There are eight of them. The children are given a new one each month to color while they wait and then take home.

Mrs. Beatty, Director of Family Health Service at the Judson Health Center, 237 Thompson Street, New York City, also sends us word that she highly approves the use of toys but considers them impracticable in a clinic where children of widely varying ages are accepted.

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CONFERENCE ON INDUSTRIAL NURSING

Under the auspices of the State Department of Labor and Industry with the coöperation of the Department of Health, a conference on industrial nursing was held in Harrisburg, Pennsylvania, June 14, where more than 200 representative industrial nurses, medical directors, employers and state officials met and discussed together the needs and opportunities of this most important phase of industrial progress.

The Bureau of Women and Children, sensing the activity in this field, instigated this meeting and prepared the program that due recognition might be given the employers who had developed such a service and that the duties and responsibilities of the nurses, the employers, and the state departments might be better understood.

The morning session of the conference was devoted principally to a discussion of Industrial Nursing and Safety. The industrial nurse has made for herself a real place in industrial organization. It was generally recognized, and the Conference agreed that no large industrial establishment today could afford to be without a nurse. Mr. Henry Reninger, Vice President for Local Councils of the National Safety Council stated that he considered the industrial nurse the most valuable assistant to the plant safety director. He said he believed that if the work of the industrial nurse were to be really effective it must not be confined to the plant, but extended to the homes of the workers, for only when the home conditions are good and the worker is free from worry concerning the health of his family may he be expected to give the best and most effective service to his employer. Dr. Loyal Shoudy, Chief Surgeon of the Bethlehem Steel Company, said that through the direct contacts made by the nurse with injured men often the most effective kind of safety work was accomplished. By observing the general trend of industrial accidents in the various de-

partments of the plant, the nurse may be the means of obtaining the most practical information in preventive safety work. He urged all industrial nurses to feel the responsibility of noticing the why and wherefore of the common types of injuries in their establishments and to coöperate with the safety engineer or the foreman in removing the cause, and thus reduce the accident hazard. The duties and responsibilities of the nurse herself in helping to carry out the safety program were outlined by Emilie Raub, R.N., of Philadelphia and the need for close coöperation between the state inspector and the industrial nurse was pointed out by Cyril Ainsworth, Director of the Bureau of Inspection, who said that the most important function of the factory inspector is safety work.

Industrial Nursing and Health was the topic for the afternoon session and in opening the discussion Dr. Theodore Appel, Secretary of Health, said his department was vitally interested in any activity which made for better health conditions in industry.

Dr. L. R. Thompson, Chief, Division of Industrial Hygiene and Sanitation, U. S. Public Health Service, stressed the need for complete and accurate nursing and medical records, saying that such records should make the health information of a plant available for practical application in preventive medical work.

The health problem in industry was discussed by Dr. Wade Wright, Assistant Medical Director, Metropolitan Life Insurance Company. He said,

One of the reasons preventive health work for industrial workers has developed so slowly is because of the lack of interest in the subject. The advance of health standards for industrial workers cannot be secured through the efforts of either the workers or of their employers, or of community health agencies alone, but only through the combined efforts of all these groups.

He urged the industrial nurse to take an active interest in the industrial

problem in the plant, but reminded her that her first duty was *nursing*.

The danger that medical care and industrial nursing service might develop into a system of espionage was mentioned by James Maurer, President of the Pennsylvania Federation of Labor. Organized labor, however, believes in medical supervision, he added. The opportunity for the plant nurse to keep up the physical standard of the employes by scientific practical follow-up work in the home was pointed out by Julia Weder, R.N., and that the industrial nurse may contribute towards a solution of the problem of industrial diseases was emphasized by Dr. Elizabeth Bricker, Chief of the Section of Hygiene and Sanitation, who urged the nurses to look for the origin of diseases that

appeared to develop as a result of the conditions or processes of the industry, to report their findings.

So stimulating and suggestive were the talks given at the conference that the Department of Labor and Industry has decided to print in full the minutes of the conference as a special bulletin. The recording of the complete discussion of this first state-wide Conference on Industrial Nursing should offer a valuable textbook on industrial nursing standards. But the personal contacts that the individual nurses attending were able to make, their visits through the offices of the Department of Labor and Industry, and their understanding of the service which the Department is able to render to them and to their employers were the real achievements of the conference.

The Fortieth Annual Report of the Visiting Nurse Society of Philadelphia contains the resolution passed by the Board of Managers October 1, 1926, following the death of Mrs. William Furness Jenks who for 39 years had served as an officer of the Society. It is a beautiful tribute to this wise, tolerant and generous woman who "lived to see the fulfilment of her great vision, the amelioration of the suffering of the sick, the poor, and those of moderate means." In 1916 a tablet was placed in the offices of the Society following her resignation as President. In the panels at the sides of the inscription are quoted those old and ever new words from Proverbs XXXI, "She stretcheth out her hand to the poor; . . . She openeth her mouth with wisdom, and in her tongue is the law of kindness."

This report also contains a paper written in 1894 by Mrs. Jenks which presents a picture we would do well to record of the very earliest beginnings of the Philadelphia Society. Mrs. Jenks writes:

A Board of Directors was formed, rather loosely at first. . . . a recent graduate from the Woman's Hospital Training School was engaged as nurse and an office was taken—a back room on Sixth Street. We had only one hundred dollars, so we were very careful of expenditure. A second-hand table at fifty cents would do for a desk; a blank copy-book for our records; oakum was much used for surgical dressings then, so we bought a bale of that for four dollars, and anyone who needed to write could sit on that. Then we began a discouraging hunt for patients. No one seemed to need us.

In 1926 the Society has 108 nurses, a fully equipped modern building and an annual expenditure of over \$200,000.

Miss Nannie J. Minor, State Board of Health, Richmond, Virginia, requires certain issues of THE PUBLIC HEALTH NURSE. Anyone who has any of the following will please send them to her:

1909—Entire year
1910—April, July
1911—October
1912—July

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by JANE C. ALLEN

When the members of the N.O.P.H.N. at the Atlantic City Biennial in 1926 voted to increase the membership fee and, at the same time, separate it from subscription to the magazine, the action was taken after several months of careful thought and with a frank realization that any such radical change would doubtless bring a trying period of adjustment and anxiety. The new N.O.P.H.N. Board of Directors, at its fall business meeting, found itself faced with the difficult task of planning the budget for the uncertain first year under the new plan of membership and subscription income. It seemed impossible to predict, with any assurance of fulfilment, what to expect in membership fees and subscription in January and the first few months of 1927.

In the emergency it was decided to make an appeal for contributions, over and above membership and subscription, from those nurse members presumably receiving salaries of \$2,400 a year or more. Three hundred and sixteen nurses were given an opportunity to help tide the N.O.P.H.N. over this critical period. The Board of Directors wishes to take this opportunity for expressing its appreciation of the prompt and generous response made by a large number of those who received the special appeal. The Directors regret the exigency which made a special appeal necessary and hope a similar situation will not soon recur. On the other hand, it has been suggested as a result of the past winter's experience with this special appeal, that there may be many of our members who would like the opportunity to make each year an extra contribution to the N.O.P.H.N.

Mrs. Alberta Regester came on the N.O.P.H.N. staff July 1 as assistant for extension service, succeeding Miss Gertrude Hussey. Mrs. Regester has an excellent background of experience in financial appeal and publicity work and the third year of the Financial Study of the N.O.P.H.N. starts out auspiciously under her guidance.

Miss Ada M. Carr, editor of *THE PUBLIC HEALTH NURSE*, sailed July 16th for Europe. July 27 to 30 she attended the Interim Conference of the International Council of Nurses at Geneva as the official representative of the N.O.P.H.N. and delivered to the Conference the following message:

In behalf of the public health nurses of America, the National Organization for Public Health Nursing sends heartiest greetings to the Interim Conference of the I.C.N.

The steady development of international relationships in every field of human endeavor—in government, commerce, education, social welfare, public health and, as evidenced by the I.C.N., in the profession of nursing as well—is one of the most significant phenomena of modern life. The increasing facility and ease of communication are annihilating distance, banishing isolation and widening the horizons and scope of knowledge and interest for the people of every country. We rejoice that our own profession of nursing is not lagging behind in this march toward world unity.

The National Organization for Public Health Nursing extends its sincere wishes for the success of the 1927 Interim Conference and we hope that before very long you will find it possible to hold your Conference in the United States, where the warmest of welcomes will always await you.

Sophie C. Nelson, of the N.O.P.H.N. Board of Directors, was one of the principal speakers at the Regional Public Health Conference in Atlanta, Georgia, on July 14.

N.O.P.H.N. members, corporate and individual, are reminded that there is now available in the statistical files of the N.O.P.H.N. accurate information as to current practice in relation to the following:

**Nursing fees, including hourly nursing under visiting nurse associations.
Delivery service.
Preschool nursing.
Salaries.**

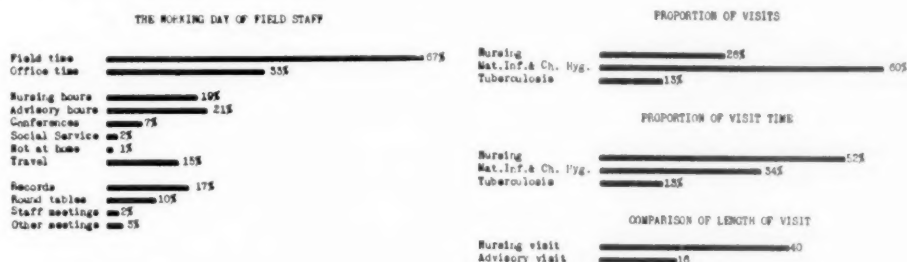
Any of this information will be furnished promptly on request.

The Committee on Records held its last meeting of the summer in June. A new nurse's school report is one of the series of N.O.P.H.N. record forms and will be available in the near future. The form is arranged with six columns. It may be used as a Daily Report and Weekly Summary, or to report on the work done in several schools.

Editor's Note: The New Haven Visiting Nurse Association sends us this contribution to the discussion on the time studies brought out in the article, "The Value of Measuring Rods in a Visiting Nurse Service," by Miss Wales and Mrs. DeBonneval in the March number of THE PUBLIC HEALTH NURSE. The previous contributions to this discussion have been from the St. Louis Visiting Nurse Association in April, the Detroit Visiting Nurse Association in May, and the Louisville Public Health Nursing Association in June.

There were many suggestive and stimulating thoughts expressed in the article by Miss Wales and Mrs. deBonneval in the March PUBLIC HEALTH NURSE. The suggestion of a short period of self-study for the staff nurses holds real value, and could well be extended to supervisors and superintendents.

Recently the New Haven Visiting Nurse Association completed a time study based on the Field Nurse's Assignment Sheets covering one week in each of the last three months of 1926, October, November, December. The accompanying graphs give the findings of this study.



The graph, "the Working Day of the Field Staff," shows first, what part of a nurse's day is spent in the office, and secondly, what part of the total day's time is spent in various field activities and in the various office activities.

The second graph has to do with visits. First it shows what per cent the number of Nursing visits; the number of Maternity, Infancy and Child Hygiene visits; and the number of Tuberculosis visits; is of the total number of visits made. Next it shows what per cent the time spent in each of these three classes of visits is of the total visit time.

The last diagram shows how the time spent in an advisory visit compares with the time spent in a nursing visit.

Indications here point to the need of studying the values represented in office time. Probably it should be considerably reduced. The need of considering the content of the advisory visit which averages sixteen minutes is also apparent.

E. VANPATTEN

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

Question 7. How much of the time of its chief executive should a public health nursing organization be expected to donate to community, state and national affairs?

(Continued from May number)

The executive of a public health organization may serve on local boards and committees of such organizations as Tuberculosis, Red Cross, Child Welfare, Mental Hygiene, Legal Aid, Council of Social Agencies, etc. In addition she serves on state and national committees.

The time spent on local committee work may be reckoned as about two hours per month for each committee counting travel time. Six such committees would mean twelve hours, or one and one-half days per month, eighteen days per year, or 6 per cent of her total time. (Such work may in some instances be delegated.)

In addition about eleven days, or approximately 4 per cent of her time, may be given to state and national work, making a total of 10 per cent for all such demands.—*District Nursing Association, Providence, R. I.*

It seems hard to answer this question definitely as so many factors enter into it. The first point to consider is whether or not the organization is an established one and whether or not its program has been accepted as a definite one in the community. The chief executive seems the logical person to inform the public what her organization means to do. She must also be the one who understands what other organizations are doing, and new ideas being developed which may concern the activities of the organization which she heads.

Giving time to the state is very worth while. It seems to me that it is an obligation which we, as the largest nursing group (in Portland) owe as an encouragement to the development of smaller activities.

In the promotion of national affairs we have felt it worth while for the chief executive to give time to such activities as the promotion of the Child Labor Law, the Sheppard-Towner Act, the protection of women in industry, and other activities.—*Visiting Nurse Association, Portland, Oregon.*

Question 8. How much time and money is an association justified in giving to staff education, outside of accepted standards of supervision and introduction to field?

This depends largely upon what contribution the individual who is provided with the opportunity for further preparation is able to make in return to the organization. It is the duty of an association to encourage the members of its staff to secure as much additional training as they can assimilate in order to make them better public health nurses. However, the association should not bear the full responsibility of preparation. The individual nurse will put far more into her preparation if she is bearing some of the expense of it. Securing post graduate training frequently means a sacrifice on the part of the individual taking it, and should be carefully considered both by the nurse and the organization.

Where a nurse of exceptional ability might be deprived, on account of home responsibilities, from securing further preparation that would fit her to take a more responsible position, I think the association should endeavor to furnish her with a scholarship or should recommend her for one of the existing scholarships so that she may have the privilege of

realizing to the fullest extent her capability. We need all the potential material that can be found.—*Public Health Nursing Association, Louisville, Kentucky.*

I doubt if it is possible to answer this until we have a careful analysis of what should be contained in a staff education program and what the cost of this should be.—*Visiting Nurse Society, Philadelphia, Pa.*

While fundamentally a visiting nurse association is a service organization, and should put as much of the educational burden on the educational institutions, it cannot absolve itself from all responsibility. It must stimulate its staff to wish to keep up educationally, must arrange for courses in educational institutions which meet the need. The visiting nurse at the end of her 8-hour day of caring and instructing 8 patients and their families is physically tired. She should be given some association time for educational advancement. In Detroit, we allow one hour weekly of association time for classes or lecture work. If it is a college extension course, the nurse pays her own fee. Time is money and this schedule means that yearly for the total staff 370 days are spent in class work representing approximately a year's salary, \$1,620.00. Class work is arranged at the close of the day, usually 4 P.M. to 5 P.M. This is our maximum allowance for continuous staff education exclusive of monthly staff meetings which are also educational in character.

May I ask just what accepted standards of supervision and introduction to the field covers and what it costs in other large cities? The introduction of 30 new members into this field last year cost about \$3,450.00 or \$115.00 per nurse. This includes three-fourths of the instructor's salary and the time allowed the nurses for class work during their first two months.*—*Visiting Nurse Association, Detroit, Michigan.*

This is a very hard question to answer. After the first year on the staff we allow an extra afternoon a week for special courses at the School of Social Work and Public Health to our staff nurses.—*Visiting Nurse Association, Richmond, Virginia.*

Our Community Chest directors feel that if we give special educational training to our nurses out of Community Chest funds, it will mean that the same must be done for other welfare agencies equally as much in need of additional trained workers as our group.—*Nursing and Public Health Association, Springfield, Mass.*

The amount of money and time given to staff education would depend, it seems to me, on the stage of development of the Association, the attitude of the Board, the size of the city, and its educational opportunities and the budget allowance.—*Visiting Nurse Association, Cleveland, Ohio.*

This Association holds regular staff meetings of one hour once a week from the last of September to the middle of July, with a few exceptions. The meetings generally alternate outside speakers with "open" staff meetings in which members of the staff participate. We have no appropriation for these meetings, as we are able to get outside speakers gratis. The whole staff assembles and we are in a community which offers unusual resources for our programs.

We feel that the educational advantages and the part played by the open meetings in developing the individual nurses certainly repays in better service for the time spent. Arrangement is made for attendance at occasional outside lectures.

The item in our budget for travel covers representation and attendance of staff nurses at conventions where possible.—*Visiting Nurse Association, New Haven, Conn.*

(To be continued)

* We hope organizations interested in this question will send in replies for publication.

REVIEWS AND BOOK NOTES

PEDIATRIC NURSING

By Gladys Sellew

W. B. Saunders Co., Philadelphia. Price, \$2.50.

Miss Annie Goodrich says that every nurse is a public health nurse. We are afraid this is a goal, not an accomplished fact. However, every public health nurse will rejoice in Miss Sellew's new *Pediatric Nursing* which considers the well child as well as the sick and emphasizes that the normal environment should be approximated as closely as possible in the hospital.

Miss Sellew tells us in the preface that the portion of the book dealing with the description of diseases and with infant feeding was written by Dr. C. W. Burhans. This explains a sense of discontinuity as one reads on after the high note sounded in the first chapter.

There are a few errors of which mention might be made. Dr. J. P. Leake, the smallpox authority of the United States Public Health Service, tells us that vaccine should be kept directly on the ice or, preferably, below freezing, never, as stated here, merely in the ice-box, because it deteriorates rapidly at ordinary ice-box temperature.

Miss Sellew's implication that if proper feeding of the baby were carried out there would be no rickets perhaps needs modification and emphasis on prophylaxis in the mother, in view of the prenatal rickets findings of the New Haven rickets demonstration.

The profuse illustrations, the attractive arrangement and the easy style, make the book easy and pleasant reading.

DOROTHY ROOD

HYGIENE—A TEXT BOOK FOR COLLEGE STUDENTS

By Florence L. Meredith, M.D.

P. Blakiston's Son & Co., 1926. Price \$3.50.

As Dr. Meredith explains on her title page, this excellent book on hygiene contains an "introductory section on Anatomy and Physiology and

Pathological Conditions." While this section is not essential in a nursing text, at the same time it is necessary to the adequate handling of the subject.

This book deserves recommendation as an excellent text for women of college and nursing age. It is moderate, scientific and free from a certain annoying sentimentality and proclivity to dogmatic statements which has characterized many of its predecessors. The chapter on Mental Hygiene should be noted especially as it is a simple method of presentation and yet comprehensive covering of the question.

GERTRUDE E. HODGMAN

NURSERY GUIDE

By Louis W. Sauer, Ph.D., M.D.

C. V. Mosby Company, St. Louis. Price, \$2.00.

"Nursery Guide" is a concise and interestingly written guide for mothers and children's nurses. Dr. Sauer describes in minute detail the things regarding the infant and child which the mother and nurse should know. He does not in any way attempt to make the mother or nurse a children's doctor. In his clear demarcation in this regard lies one of the helpful points of the book.

The directions for procedure are given in such detail that, if followed, careful nursing would surely result. The feeling that the feeding of a breast fed baby is a very simple matter is often far from true. Dr. Sauer discusses the difficulties that are encountered with a perfectly normal baby and emphasizes the variations to be found in perfectly normal babies.

The chapter on artificial feeding, which includes an excellent discussion of the sources, care in handling and methods of preparation of milk, is particularly valuable to the nurse who is called upon in an unusual situation to prepare a special feeding, as protein milk.

Dr. Sauer's ideas are most modern

and yet conservative enough to suit the most critical. The guide can be recommended to all public health nurses, particularly those who are endeavoring to become familiar with the new ideas about the care and feeding of infants and children.

ANNA P. SMITH.

AN INTRODUCTION TO THE
PRACTICE OF PREVENTIVE
MEDICINE

By J. G. Fitzgerald, M.D., LL.D., F.R.S.C.
Second Edition

The C. V. Mosby Company, St. Louis, 1926.
Price, \$7.50.

This is really a Canadian book, but since Canada has no monopoly on the many communicable diseases included, it is, of course, of general interest and value. The subjects comprised in preventive medicine are discussed in an able, comprehensive, and accurate manner by experts. With the exception of the chapters on public health organization, administration, and legislation, and on public health education, which are good as far as they go, but do not go very far, this is in every way an admirable textbook. This second edition has been brought thoroughly up to date.

J. A. T.

The Work of Child Placing Agencies, Publication No. 171, United States Children's Bureau, covers exhaustively the history, development, extent, and methods of ten of the well-known agencies of the United States. Government Printing Office, Washington, D. C. Price 35 cents.

Public Aid to Mothers with Dependent Children, by Emma O. Lundberg, Bureau Publication No. 162, is another of the Children's Bureau recent publications. This gives not only the history of the "adoption of an idea" in 1909 and the beginning of the mothers' aid movement, but provides up to date information on the principles of mothers' aid legislation, their administration and supervision and standards of aid. Government Printing Office, Washington, D. C. Price 5 cents.

One of the very profitable pleasures offered to the delegates attending the Interim Conference of the International Council of Nurses in Geneva is an invitation from Dr. Rollier to make an excursion to his institute at Leysin. Dr. Rollier will give a demonstration of work in the clinics and will lecture to the delegates on his sun treatment in this famous village. The second edition of Dr. Rollier's book, *Heliotherapy*, has just been published by the Oxford University Press.

The latest addition to the bulletins for public health nurses published by state departments of health is the *News Letter* of the South Carolina Bureau of Child Hygiene, with a very attractive front page illustration, which must be seen to be appreciated. Miss Ada Taylor Graham, editor, asks for suggestions for a name for the new child. Among the news notes we observe that nutrition camps are an interesting feature of the work planned for the summer. We are delighted to note that in this new bulletin, as in others we have received, our short story contest is agreeably advertised for us. Our best wishes for the latest bulletin venture.

The new editor of the *Minnesota Public Health Nurse* since Miss Lola Yerkes resigned is Miss Mildred Smith, the Educational Agent of the Minnesota State Department of Health. Miss Smith is especially familiar with rural problems and we shall watch the little magazine with interest.

The Alabama State Nurses' Association has just issued its first *Year Book*. Part of the excellently organized material is a History of Public Health Nursing in Alabama by Jessie L. Marriner. Miss Marriner states that during the past ten years the organization of new territory for full time health service including public health nursing progressed steadily

from 4 to 30 counties. An account of the Red Cross Nursing Service in Alabama by Miss Linna Denny and the History of the State Association by Miss Helen MacLean make this a truly historical volume. It is pleasant to find pictures of nurses we have known only by name. A full list of nurses registered in the state is included.

The Canadian Nurses' Association, 609 Boyd Building, Winnipeg, has recently published a brief *History of the Canadian Nurses' Association*. The material is admirably arranged and gives exactly what the title indicates. Price 50 cents.

We have mentioned in the past the sheets of health information issued by the Health Bulletin Service of the American Public Health Association for the use of health officers and nurses. These publications continue to be useful and to the point. The last copy which has come to our hands contains a telling article on milk-borne scarlet fever, a page of vacation information, a list of passé food traditions, a children's page and a number of good cartoons. All the material is put up in a handy and attractive form. Full information about the various types of service offered is available from the American Public Health Association, 370 Seventh Avenue, New York City.

The Educational Division of the National Safety Council, 120 West 42nd Street, New York City, has an excellent little pamphlet, *Safety on the Farm*, which deals with rural hazards from lightning to ladders and defective chimneys to perils in play.

Municipal Health Department Practice for the Year 1923, based upon the surveys of the 100 largest cities in the United States has just been issued by the United States Public Health Service. This bulky volume is a study of the health service provided in the group of 100 large cities of the United States with a population of 70,000 or

over, the data being collected in 1923. It takes up Public Health Administration, Educational Problems, Vital Statistics, Control of Communicable Diseases, Tuberculosis Prevention and Control, Venereal Disease Control, Infant Hygiene, School Health Supervision, Mental Hygiene, Municipal Public Health Nursing and sections on Sanitation. All the sections have been edited by authorities in the different fields. Obtainable from the Government Printing Office, Washington, D. C. Price \$1.25 per copy.

Children's Health Camp Manual, publication No. 183 of the State Committee on Tuberculosis and Public Health, State Charities Aid Association, 105 East 22nd Street, New York City, is a very useful manual based on five years' experience of the Association in conducting its health camp service. It defines the objectives of the children's health camp, and gives practical suggestions with regard to finances, publicity, selection of a suitable site, buildings, equipment, camp personnel, medical service, management, and other details. The appendix contains model record forms, a dietary for a children's camp, a price list of camp equipment, and a bibliography.

The Chamber of Commerce of the United States will publish a series of articles during the next few months as part of a cooperative plan to promote health through the local Chambers of Commerce of the United States. The American Public Health Association is helping in the preparation of this material. The first article *Prolonging Life by Coöperative Effort* by Dr. A. B. Emmons, 2d, has already appeared.

At breakfast time I am allowed
If I have not been bad or proud
To eat bananas mashed in cream,
And when I do I sometimes seem
To see Jamaica where they grow
Bunched in the deep green woods—and Oh,
I think Jamaica is the gem
Of our imperial diadem.

—*Poems of Impudence*, E. V. Knox.
Doubleday Page and Company.

NEWS NOTES

With the coöperation of the Bureau of Indian Affairs of the Department of the Interior and of the Oregon Tuberculosis Association Miss Whitney, Dr. Templeton, and Dr. Brunet of the American Social Hygiene Association, made a study of the Indians of the Klamath Reservation in Oregon during the month of June. The Indians were examined to ascertain their condition in regard to tuberculosis, heart disease, trachoma and venereal disease.

Diplomas were presented to the students completing the International Courses of the League of Red Cross Societies at Bedford College for Women, University of London, on July 12. Sir Arthur Stanley, Member of the Board of Governors of the League delivered the opening remarks of the ceremony. Miss Alma Haupt, Director of Nursing for Austria, Commonwealth Fund, was among the speakers. Nineteen students from 12 countries received diplomas.

The National League of Nursing Education elected the following officers at its recent meeting in Oakland, California.

President, Carrie M. Hall.
First Vice President, Mary M. Pickering.
Second Vice President, M. Helena McMillan.
Secretary, Ada Belle McCleary.
Treasurer, Marion Rottman.

Miss Mary Carter Nelson, field advisor of the New Jersey Tuberculosis League, was honored by the presentation at the French Consulate in New York City last May of the Medal of French Gratitude "for signal services as an American Red Cross nurse during the war." Miss Nelson has been actively engaged in public health work for 33 years.

The Polish Gold Cross for Service has been given to Helen L. Bridge,

American Red Cross Nurse, Director of the Warsaw School of Nursing, in recognition of personal service to the Polish people and country. Miss Julia Wolski, American Red Cross Nurse, Assistant Director of the School, of Polish descent, was awarded the Silver Cross of the same order.

The Public Health Nursing Section of the Canadian Public Health Association met Wednesday, June 15, during the sixteenth Annual Meeting of the Association which was held in Toronto, June 14-16. Miss Jean E. Browne is Chairman of the section. The following program was presented:

Recent Developments in the Field of Preventive Medicine and Their Nursing Implications. Miss Edith Hurley, Professor of Public Health Nursing, University of Montreal.

The Objective in the Training of Public Health Nurses. Miss E. Kathleen Russell, Director, Department of Public Health Nursing, University of Toronto.

The Place of the Public Health Nurse in Epidemiology. Mabel F. Gray, Assistant Professor of Nursing, University of British Columbia.

Evaluation of Public Health Nursing. Dr. A. B. Chandler, Medical Director, Child Welfare Association, Montreal.

June 23 of the North American Clinical Congress held in Milwaukee, Wisconsin, June 20-24, was devoted to the meeting of the International Catholic Guild of Nurses. The morning session, at which Reverend E. F. Garesché, Spiritual Director of the Guild, presided, was given over to dealing with the purpose and activities of the Guild and its progress and problems during the year. In the afternoon a round table conference was conducted by Miss Lyda O'Shea, R.N., President of the Guild. The questions discussed were those of making the nurse more efficient and her services farther reaching. Psychiatry, public health and tuberculosis, it was mentioned, should be given more important

places in the training school curricula. Miss Caroline Soellner, R.N., read a paper advancing many interesting ideas on special and group nursing and Miss Mary Walsh, of Mercy Hospital, Gary, Indiana, in discussing it outlined the plan practiced by her institution which has proved very successful, a result which she said must involve the coöperation of the patient, the physician, the hospital and the nurse. Group nursing as she described it allows the nurse hours of sleep, relaxation and recreation, which tend to render better service to the patient. On the evening preceding the sessions the Guild delegates were entertained by the Milwaukee Group of the Guild and addressed by Reverend A. C. Fox, President of Marquette University, Reverend E. F. Garesché, Miss Mary Roberts, Editor of the *American Journal of Nursing*, and Miss O'Shea.

The Northwest Division of the American Nurses' Association held its biennial convention in Portland, Oregon, June 13 and 14. An excellent and active spirit characterized the sessions at which there was a very good representation. At the Open Forum Miss Janet Geister, Director, American Nurses' Association, spoke on the changes wrought in nursing through the introduction of serums, vaccinations and other preventive measures and was followed by brief addresses given on the various types of nursing service. Miss Helen Teal, R.N., Director, Visiting Nurse Service, Seattle Chapter, American Red Cross, spoke on Hourly Nursing; Miss Nina Brown, R.N., Yamhill County Nurse, Oregon, spoke on Rural Nursing; Miss Pauline Knudson, R.N., Supervisor of School Nursing, Portland, spoke on School Nursing, and Miss Marion Crowe, R.N., Superintendent, Visiting Nurse Association, Portland, spoke on Visiting Nursing.

A Cleanliness Institute has recently been established by the Association of American Soap and Glycerine Producers, with offices in New York City. It was launched on June 23rd at a

dinner which was attended by representatives of various educational, health and social agencies. Dr. Louis I. Harris, Health Commissioner, was among the speakers. The purpose of the Institute is "to teach men, women and children in all walks of life and in all places the value of personal, community and industrial hygiene." Among the officers of the Institute are Roscoe C. Edlund, Director; Sally Lucas Jean, Educational Consultant, and Dr. W. W. Peter, Health Consultant.

APPOINTMENTS

We announce the following appointments:

Miss Rachel Colby, formerly Assistant Director, Washington, D. C., Instructive Visiting Nurse Society, to the position of Director of the Visiting Nurse Association, New Britain, Connecticut.

Miss Virginia Lewis, formerly Director of Nursing, Athens, Ga., Child Health Demonstration, to the position of Director of the Northern Westchester District Nursing Association, Mt. Kisco, N. Y.

Miss Natalie Dodd, for the past year a student at Teachers College, to the position of Assistant Director of Nursing of the A.I.C.P., New York, N. Y.

Miss Gertrude Armstrong, Red Bank, N. J., to the position of Director of Nursing, Bowling Green Neighborhood Association, New York, N. Y.

Miss Berneta Platt will do social hygiene work for the Bellevue-Yorkville Health Demonstration, New York, and Miss Pauline Jordan a special study in child health work for the same organization.

NOTES FROM THE STATES

California

In a resolution passed at their recent joint convention the California State Organization for Public Health Nursing and the California State Nurses' Association voted to

request the State Board of Health to appoint a Director of Public Health Nursing who should be a duly qualified public health nurse functioning directly under the Executive Officer of the State Department of Public Health, and coöperating with the State Department of Education for the purpose of advising and standardizing public health nursing throughout the state.

At its last session, the same in which it passed the appropriation of a fund for the care of handicapped children, the California State Legislature made

an appropriation of \$15,000 for public health nursing service for the Indians.

Connecticut

At the meeting of the Public Health Section of the Graduate Nurses Association of Connecticut in Norwich, June 28, announcement was made by Miss Elizabeth Smith of the Legislative Committee of the passage of the bill for the securing of state aid for public health nursing. The act calls for an appropriation to support nursing in small towns, the original amount of which, \$50,000, was cut to \$30,000 in passage. The subsidy is based on the average tax receipts of a town for a period of three years, no town whose average receipts for that long exceed \$50,000 being eligible. The nursing programs to be instituted will be generalized and the nurses employed required to meet the approval of the State Department of Health.

New York

The *Health News* of the New York State Department of Health reports that the State Department of Health recently offered to detail the nurse on its staff to approved training schools for nursing to lecture and to discuss the problems of social hygiene that confront the nurse. Forty-two institutions in thirty-four communities have expressed a desire to cooperate in this educational work.

MEETINGS

The annual meeting of the Michigan State Nurses' Association was held in Marquette June 15-17. Dr. Henry F. Vaughan, Commissioner of Health of Detroit, was one of the speakers and stated that every nurse is a public health nurse in that she shares jointly with the private physician the responsibility for the health of her community.

The following officers were elected for the year: President, Grace Ross, Detroit; Corresponding Secretary, Elizabeth Robinson, East Lansing.

The Annual Convention of the California State Organization for Public Health Nursing met in conjunction with the California Conference of

Social Workers in Oakland May 5. Almost 150 public health nurses attended the conference.

The Eighth Annual Meeting of the American Federation of Organizations for the Hard of Hearing was held at Chautauqua, New York, June 26-30.

The Fifty-sixth Annual Meeting of the American Public Health Association will be held in Cincinnati, Ohio, October 17-21.

A conference on Family Life in America Today is being planned by the Family Welfare Societies who are members of the American Association for Organizing Family Social Work. Sessions will be held in Buffalo, New York, October 2-5. For further details write Walter M. West, secretary, 130 East 22nd Street, New York City.

The tenth Annual Convention of the American Dietetic Association will be held in St. Louis, Missouri, October 18-20.

NOTES FROM OTHER COUNTRIES

The Victorian Order of Nurses expects to open up the rural districts in northeastern Saskatchewan this spring in conjunction with the Department of Health, Saskatchewan. The population is chiefly Ruthenian and a nurse who speaks this language, and is now with the Victorian Order in a Western Center, will be sent to take charge of the district. This work is to be in the nature of a demonstration financed partly by the Department of Health, Saskatchewan, and the Victorian Order of Nurses in the hope that later financial responsibility for the work may be assumed locally. The Victorian Order at the present time has given a scholarship to a Canadian-born Russian nurse who is taking her course in Public Health Nursing at the University of British Columbia. This nurse also speaks Ruthenian and will be available for duty amongst foreign speaking people in the western provinces.



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NOTES FROM OTHER COUNTRIES—*Cont.*

Under the direction of the Near East Relief a Maternity House has been opened at Beirut, Syria. Miss Agnes Evon, head of the organization's nursing service in Beirut, and the members of the Women's League of Beirut, a club of Americans and British, contributed to the building fund. There are 14 beds established and each one is occupied full time. No woman who can pay for hospitalization is accepted at the House; the entire service is free. The nurses are native girls, many of them trained in mission hospitals. All have been under Miss Evon's supervision for some time and are apt in obstetrics as well as in general nursing. The assistants to the American physician in charge are native doctors, well educated professionally.

The Chilean National Health Service has recently been completely reorganized. Among the achievements of the year ended July 1, 1926, are periodic physical examination of all school children; the institution of a school for the instruction of visiting public health nurses and of a course of instruction for sanitary inspectors; and the working out of plans for a sanitary type of house which can be quickly constructed from native material at relatively small cost.

In Bogota, the capital of Colombia, there has been completed a splendid new building which is to be known as the Palace of Hygiene. It houses the National Bureau of Hygiene and Public Assistance, the Bureau of Hygiene of the Department of Cundinamarca and the representatives in Bogota of the Rockefeller Foundation which is waging an effective campaign against hookworm in that country. There are in the new palace auditoriums for public meetings, a library, a department for recording vital statistics and laboratories. The guidance of the Institute of Hygiene is under the Director General, who has the powers of a cabinet member.

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